Government of
Saskatchewan

2005 - 2006
Annual Report

Saskatchewan
Health

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This annual report is also available in electronic format from the department's web site at www.health.gov.sk.ca

Letters of Transmittal

Her Honour the Honourable Dr. Lynda Haverstock
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

We respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2006.

This report continues to reflect a move toward greater accountability within government and Saskatchewan Health in particular as we strive to offer the best possible health care to all residents of Saskatchewan.

Respectfully submitted,

Len Taylor
Minister of Health

Graham Addley
Minister of Healthy Living Services

The Honourable Len Taylor
Minister of Health

The Honourable Graham Addley
Minister of Healthy Living Services

Ministers:

On behalf of the staff of Saskatchewan Health, I have the honour of submitting the Annual Report of the Department of Health. In accordance with The Department of Health Act, Medical Care Insurance Act, and The Vital Statistics Act, this report covers the activities of the department for the fiscal year ending March 31, 2006.

The various branches of Saskatchewan Health did an exceptional job of planning, monitoring expenses, and reporting results. This report was made possible by their efforts.

Respectfully submitted,

John Wright
Deputy Minister

Introduction

This report on the activities of Saskatchewan Health covers the fiscal year 2005-06. Much of this report documents the department's progress in accomplishing its performance plan for the year. You will also find a summary of key results, the department's organizational structure, a detailed progress report, and appendices of important reference documents about the department, such as a directory of services. For a report comparing Saskatchewan's health services with those in other provinces, see the Saskatchewan Comparable Health Indicator Report found under 'Publications' at www.health.gov.sk.ca.

Saskatchewan Health continues to base its work on *The Action Plan for Saskatchewan Health Care*, a blueprint for strengthening the health care system, retaining and recruiting health care providers, providing timely access to quality services and planning for the sustainability of a system that continues to face increasing demand for services. Anyone who would like a clear picture of government's health care priorities and plans is encouraged to read the Action Plan. It is available for viewing at www.health.gov.sk.ca.

The following examples highlight several significant accomplishments by Saskatchewan Health during the 2005-06 fiscal year.

Saskatchewan achieved a significant increase in surgical capacity in 2005-06, and a considerable drop in the number of patients waiting for surgery. Regina Qu'Appelle and Saskatoon Health Regions together completed about 2,000 more surgeries in 2005-06. The number of patients waiting for surgery in those regions dropped by nearly 1,600 over the previous year. Together, the seven largest regions performed more than 19,000 surgeries between January and March 2006, a year-over-year increase of nearly 1,000 cases. Still, some patients wait too long for surgery and we will continue to focus resources on this priority area so that all patients receive quality, timely service.

Recent investments to MRI services have had a dramatic impact on wait times. The total number of patients waiting for an MRI exam has decreased provincially by 35.6 per cent since March 2004. Elective patients in Saskatoon have seen their wait times reduced from 18 months to six months and 85 per cent of patients in Regina now receive their MRI exam within two and a half months; however, some elective patients still may wait up to 13 months. With the implementation of Regina's second MRI, it is anticipated that wait times will be further reduced.

In August of 2005, Premier Lorne Calvert announced the launch of the Premier's Project Hope, a comprehensive and integrated plan to prevent and treat alcohol and drug addiction in Saskatchewan. Funding for 2005-06 included $10 million of new annual funding in addition to the $4.7 million increase in the 2005-06 budget for addictions programming. This amounted to a 60 per cent increase in substance abuse prevention and treatment funding. 2005-06 saw significant progress in implementing Project Hope's initiatives, including:

- The opening of six interim youth stabilization beds in Saskatoon in February 2006 and six interim youth treatment beds in Prince Albert in April 2006; permanent facilities with 12 beds and 15 beds respectively are expected to open in 2007.
- Establishment of the Alcohol and Drug Prevention and Education Directorate, a dedicated team with the mandate to work with regional health authorities, schools and other agencies to educate young people and others about substance abuse and empower them to make healthy choices. One of the Directorate's key achievements this year was the Moving Forward 2006 Conference, which was held in Saskatoon from January 30 – February 1, and attracted a capacity crowd of addictions counsellors, social workers and other interested individuals from across Canada.

- Creation of the Addictions Research Chair at the University of Saskatchewan. The Research Chair will provide leadership in evaluating the effectiveness of our addictions programs and collecting important data to guide our future efforts. The University is currently recruiting for this position.
- Funding prevention/health promotion positions in each health region. This will be an excellent network of individuals dedicated to the prevention of substance abuse and the promotion of mental health.
- In the fall of 2005, the Legislative Assembly passed *The Youth Drug Detoxification and Stabilization Act*, which focuses on meeting the needs of youth aged 12 to 17 who are chemically dependent, pose a risk to themselves or others and are resistant to interventions. The permanent location for secure beds for youth detained under this Act will be built into Saskatoon's new 12-bed Stabilization Unit. An interim six-bed facility opened in Regina at the Paul Dojack Youth Centre on April 1, 2006.

Saskatchewan has also made exciting progress in developing new electronic health record (EHR) technologies; we were successful in securing funding from Canada Health Infoway to launch a number of important new projects such as the Pharmaceutical Information Program (PIP). We will continue to work closely with our health delivery partners to introduce innovative technologies for improving the health of our citizens. The EHR program will ensure authorized front-line care providers have access to the information they need - improving the quality, access and effectiveness of health care services across the province into the future.

Who We Are

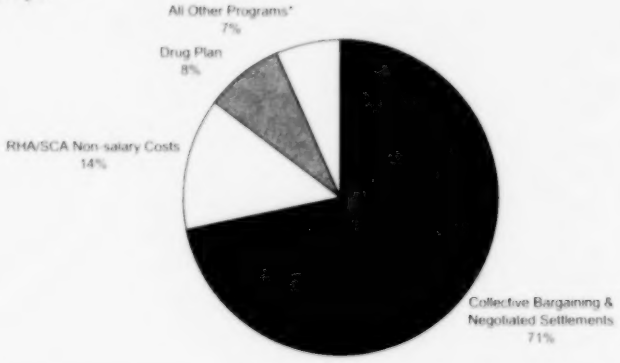
Saskatchewan Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. We carry out this mandate by establishing policy direction, setting and monitoring standards, providing funding, supporting regional health authorities, and ensuring the provisions of essential and appropriate services to Saskatchewan residents.

Overseeing a complex, multi-faceted health care system calls for clarity, consistency, and commitment. We clearly defined our long-term goals in *The Action Plan for Saskatchewan Health Care*, consistently applied these goals to specific annual plans for Saskatchewan Health and regional health authorities, and committed to measurable results.

We are particularly committed to changes that will improve the health care system and make it sustainable into the future.

In 2005-06, the Saskatchewan Government budgeted $2.89 billion for health care. This represented an increase of 7.1 per cent or $192 million over the previous year. The government invested 44 per cent of total program spending on health care.

Dollars were allocated in the following ways:



* Includes Provincial Programs such as Out-of-Province Services, CBS, and SHIN

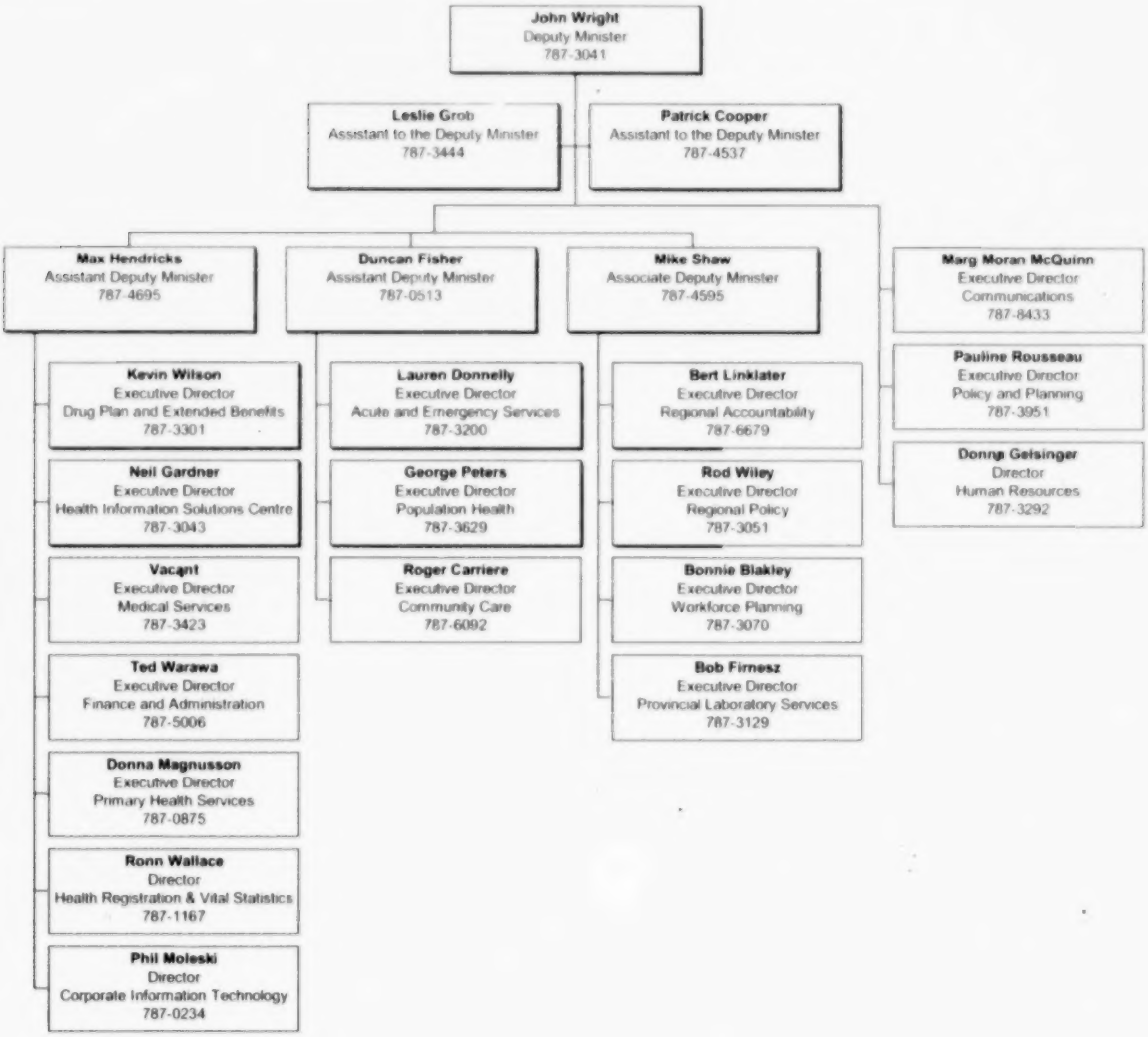
Saskatchewan Health works closely with its many partners in the health sector to deliver high quality services. Internally, the department is organized into 18 branches, each working to ensure the health system remains accountable to the people of the province and sustainable into the future.

In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. It also provides health service to certain members of the population (eg. veterans, military personnel, and First Nations people on reserve). Provincial governments are responsible for most other aspects of health care delivery.

The need for continued investment in Saskatchewan's health system is clear. However, we need to achieve a balance between high public expectations for services and the need to control costs and invest in long-term public health improvements.

Organizational Chart as of March 31, 2006

MINISTER OF HEALTH - HONOURABLE LEN TAYLOR
MINISTER OF HEALTHY LIVING SERVICES - HONOURABLE GRAHAM ADDLEY



2005-06 Results at a Glance

2005-06 Results at a Glance

The *2005-06 Performance Plan* continues the strategic direction set out in *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care*, which was released in 2001. The Action Plan is a broad strategic plan that outlines our vision for the future of the health system, and provides a blueprint to ensure the continued delivery of accessible, quality health care in Saskatchewan.

Our vision for Saskatchewan remains unchanged:

"Building a province of healthy people and healthy communities."

While our vision and goals remain constant over time, the key actions on which we focus often change from year to year. The 2005-06 Annual Report highlights achievements according to the long-term goals, objectives, and performance measures laid out in the 2005-06 Performance Plan:

Goals	Objectives
1. Improved access to quality health services.	• Responsive, coordinated primary health care. • Reduce waiting times for surgical procedures. • Improve emergency medical care. • Improve hospital, specialized services, and long-term care.
2. Effective health promotion and disease prevention.	• Better promotion of health and disease prevention. • Improve the health of northern and Aboriginal communities.
3. Retain, recruit, and train health providers.	• Improve utilization and availability of health human resources. • Develop representative work places. • Create healthier, more effective work places.
4. A sustainable, efficient, accountable and quality health system.	• Ensure quality, effective health care. • Appropriate governance, accountability, and management for the health sector. • Sustain publicly funded and publicly administered Medicare.

2005-06 Results at a Glance

Saskatchewan Health made significant progress in many key areas in 2005-06. Our investments span the full range of health care delivery from new ways of accessing primary health care, to improving surgical access across the province, to building new health care facilities.

At Saskatchewan Health, we know that every investment counts. The following list provides a short sampling of our work in 2005-06.

Goal 1: Improved Access to Quality Health Services
In 2005-06, HealthLine Registered Nurses managed 84,390 calls. HealthLine is a 24 hour health information telephone line.
In 2005-06, Saskatchewan Health provided $6.5 million to further reduce wait times for surgical services. This funding allowed the Regina Qu'Appelle and Saskatoon health regions to reduce the number of patients who have been waiting more than a year for surgery by approximately 1,500 cases in 2005-06. In addition, approximately $1 million was provided to health regions for initiatives undertaken to improve system performance and wait list management.
Saskatchewan Health provided $10 million to support improvements to diagnostic imaging services in Saskatchewan in 2005-06. These initiatives were aimed at replacing aging and inefficient equipment, adding new diagnostic imaging equipment to the province, increasing capacity, and reducing wait lists.
The past year saw the completion of several health facilities in Saskatchewan including: • Tatagwa View long-term care facility in Weyburn. • Assiniboia Union Hospital addition of 22 long-term care beds. • Yorkton and District Nursing Home addition to accommodate 93 long-term care residents, plus rehabilitative therapy and outpatient services.
This year, Telehealth Saskatchewan expanded into eight new locations, making its video conferencing services available in every provincial, regional and district hospital in Saskatchewan, as well as northern hospitals in La Ronge, La Loche, Ile a la Crosse, and health centres in Beauval and Pinehouse.

Goal 2: Effective Health Promotion and Disease Prevention
In 2005-06 Saskatchewan Health provided additional funding of $750,000 to health regions to enhance public health services to support the enforcement of the Tobacco Control Act and other public health initiatives.
On August 4, 2005, the Legislative Secretary to the Premier on Substance Abuse Prevention and Treatment released his report and recommendations. The 15 recommendations found in the report form the basis of the Premier's Project Hope, a three year plan to prevent and treat substance abuse in Saskatchewan.
The Government of Saskatchewan committed $1.65M in 2005-06 to build on a range of initiatives to better meet the needs of children, youth and young adults with cognitive disabilities including Fetal Alcohol Spectrum Disorder (FASD).

2005-06 Results at a Glance

Goal 3: Retain, Recruit, and Train Health Providers
Released on December 14, 2005, *Working Together: Saskatchewan's Health Workforce Action Plan* sets a direction for a more integrated workforce and includes initiatives and innovations that will improve health workplaces and address issues affecting key health professionals.
In 2005-06, Saskatchewan Health provided $20M to fund an array of programs and initiatives specifically targeted at recruiting and retaining physicians.
In 2005-06, 245 new nursing bursaries were awarded. As well, 75 continuing education bursaries were awarded to nurses in Saskatchewan.

Goal 4: A Sustainable, Efficient, Accountable, and Quality Health System
Because of our investments in laboratory information systems through the Integrated Clinical Systems project (ICS), lab results (including all complex tests) are now captured electronically for over 90 per cent of the laboratory tests in the province.
In 2005-06, Saskatchewan Health conducted four financial and management reviews. The Department also concluded reviews of the Provincial Home Care program and the Saskatchewan Cancer Agency.
Last year, Saskatchewan Health established a $1M Technical Efficiency Fund (TEF) for the purpose of conducting technical efficiency reviews within the health system. As of March 2006, four projects have been funded.

Summary of Financial Results

	2005-06 Actuals $000s
Revenue	**28,258**
Expenditures	
Central Management and Services	13,660
Regional Health Services	2,059,147
Provincial Health Services	129,179
Medical Services and Medical Education Programs	549,247
Drug Plan and Extended Benefits	232,252
Early Childhood Development	8,617
Provincial Laboratory Infrastructure Project	615
Total Appropriation	**2,992,717**
Capital Asset Acquisition	(1,095)
Capital Asset Amortization	(997)
Total Expense	**2,990,625**
Full Time Equivalents (FTE)	**629.8**

In 2005-06, the Department received revenue totaling $28.3 million, $7.6 million more than budgeted. This variance is mainly the result of refunds from previous years expenditures.

In 2005-06, the Department invested $2.99 billion, $99 million more than originally budgeted. In November 2005 the Department received additional funding of $114.4 million through Supplementary Estimates to provide for payments to Regional Health Authorities to address the anticipated costs of collective bargaining and joint job evaluation, provide support for the Project Hope initiative designed to treat and prevent substance abuse, and provide for other operational expenditures. Funding was also required to provide for changes in Ministerial responsibilities and coverage of the drug Herceptin by the Saskatchewan Cancer Agency.

In addition, Special Warrant funding in the amount of $3 million was received in February, 2006 to address increase capital equipment purchases. In 2005-06, the Department's full-time equivalent (FTE) complement totaled 629.8 FTE. This represents a decrease of 37.7 FTE from budget. The variance is the result of vacancies within the Department.

2005-06 Performance Results

2005-06 Performance Results

This section provides more detailed information on the progress we made towards the long-term objectives listed in the *2005-06 Performance Plan*. The key actions originally presented in our 2005-06 plan are listed below, followed by a report on the actual progress for each. Actual results information is included for all key actions and performance measures that were published in our *2005-06 Performance Plan* as well as for commitments related to Health in the government wide *2005-06 Performance Plan Summary*.

Also included in this section are direct performance measure results.

For additional information, please see our *2005-06 Performance Plan*, which can be found at: www.health.gov.sk.ca

Goal 1
Improved Access to Quality Health Services

Objective 1: Responsive, coordinated primary health care.

Primary health care continues to be both a national and provincial priority. It is the foundation of the health care system. It involves providing services, through teams of health professionals, to individuals, families and communities. It also involves a proactive approach to preventing health problems and ensuring better management and follow-up once a health problem has occurred. The renewal of primary health care is essential for the sustainability of our system, so that it can continue to provide the quality and accessibility of care that Canadians expect. Changing the health care system is a challenging task that takes time and unwavering effort. It requires strong and collaborative partnerships among multiple stakeholders, including all levels of government. With the support of the *Final Report of the Commission on the Future of Health Care*, headed by former premier Roy Romanow and the First Ministers Accord (2003), we are working together to create a primary health care system that helps our citizens stay as healthy as possible.

Key Actions: Results

To create additional central and satellite teams and to continue expansion of the service throughout the province.

Each year the Regional Health Authorities submit primary health care plans outlining proposed primary health care teams in their region. These plans are reviewed by the department and individual regional feedback is provided. Health regions continue to move forward with the implementation of their plans for primary health care. There are currently 38 primary health care teams providing access to services in many parts of the province.

Saskatchewan Health provided funding to each health region for dedicated full-time staff including:

- Director, Primary Health Care – senior level positions with responsibility for the development and implementation of the regional primary health care plan.
- Team Facilitator – the role of this position is to facilitate new and on-going team development.

2005-06 Performance Results

To continue to promote HealthLine, the toll-free, province-wide, 24 hour telephone health advice line, to increase awareness of this valuable primary health care resource for Saskatchewan people.

From April 1, 2005 to March 31, 2006 HealthLine managed 84,390 calls.

We developed and implemented various initiatives to promote HealthLine during 2005-06 including:

- information in our health registration renewal household mail-out (573,000 households);
- distributing materials through flu clinics, and in northern emergency kits;
- a web banner on mysask.com, which receives 250,000 visits per month;
- short-term television advertising on CBC during the Briar curling event;
- HealthLine information on department and health region on-hold messages; and
- funding health regions to promote HealthLine.

This year Saskatchewan Health enhanced HealthLine's ability to respond to concerns regarding substance use and abuse. Since May 2005 HealthLine has managed over 350 calls related to addictions. HealthLine is currently working to expand its service by including 24/7 Mental Health and Addictions crisis telephone support.

Measurement Results

Percentage of people with access to primary health care networks (medium-term measure)

In 2005-06, four new primary health care teams were created, bringing the total to 38. By March 2006, 26.2 per cent of the Saskatchewan population had access to a primary health care network.

Year	PHC Teams (both central and satellites)	Percentage of People with Access
2002-03	22	n/a
2003-04	25	14.9
2004-05	34	23.9
1st Quarter	35	24.6
2nd Quarter	35	24.6
3rd Quarter	36*	24.9
4th Quarter	38	26.2

* 3rd Quarter 2005 based on covered population as of June 30, 2005

[2005-06; latest available data]

Data Source: Primary Health Services Branch, Saskatchewan Health
Calculation: The specific health regions define the catchment area (urban and rural communities and neighbourhoods) for each of the teams that are established within their jurisdiction on the basis of a needs assessment of geographic distribution and demography.
Analysis/Interpretation: The percentage of Saskatchewan people with access to a primary health care team is a good measure of a patient's access based on proximity. This percentage denotes Saskatchewan's covered population within geographic proximity of a primary health care team. There

continues to be substantial interest with the health regions and physician groups to develop primary health care teams.

While primary health care services exist across the country, they are being delivered using different models so valid comparisons on results on this indicator cannot be made among jurisdictions at this time.

The process of developing primary health care networks is a slow one, which can be influenced by fiscal constraints and availability of health human resources. Saskatchewan Health works closely with health regions and health provider groups (e.g., Saskatchewan Medical Association, Saskatchewan Registered Nurses' Association) in the development of primary health care networks.

Hospitalization rate for ambulatory care sensitive conditions

Ambulatory care sensitive conditions hospitalization is defined as age-standardized inpatient acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospitalization, per 100,000 population under 75 years. Ambulatory care sensitive conditions hospitalizations are considered to be an indirect measure of access to appropriate medical care. While not all admissions for these conditions are avoidable, appropriate ambulatory care could potentially prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or mange a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

Since 2000-01, the age-standardized rate of hospitalization for ambulatory care sensitive conditions has fluctuated between 513 and 627 per 100,000 population. However, since 2002-03, the rate of hospitalizations for ambulatory care sensitive conditions per 100,000 population has decreased.

Year	Age-standardized Hospitalization for Ambulatory Care Sensitive Conditions rate per 100,000 population
2000-01	554
2001-02	513
2002-03*	627
2003-04	621
2004-05	597

* In 2002-2003, the definition was changed to include only those hospitalizations among persons under the age of 75.

[2004-05; latest data available]

Data Source: Hospital Morbidity Database, Canadian Institute of Health Information
Calculation:
Numerator: Total number of hospital admissions for ambulatory care sensitive conditions (ACSC)
Denominator: Total mid-year population under age 75 years x 100,000 (Age adjusted)
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Hospitalization rates for conditions that may often be cared for in the community are one indicator of appropriate access to community-based care. These are long-term health conditions that can often be managed with timely and effective treatment in the community, without hospitalization.

These conditions include diabetes, asthma, alcohol and drug dependence and abuse, neuroses, depression, hypertensive disease, etc. Although preventive care, primary health care, and community-based management of these conditions will not eliminate all hospitalizations, such steps could eliminate many of them.

Health care professionals generally believe that managing these conditions before a patient requires hospitalization improves the patient's health, contributes to better overall community health status, and often saves money because community-based care usually costs less than hospitalization. Optimizing the management and treatment of these conditions will contribute to improved patient health outcomes and more efficient use of resources.

The hospitalization rates for these conditions tend to vary from place to place; for example, there are large rural/urban differences. One factor influencing the variation in rates is likely to be the extent to which preventive care and management within the community are accessible. Tracking hospitalization rates for these conditions over time can provide an indicator of the impact of community and home based services. Variations over time, and differences between regions, should be examined to determine the extent to which they are attributable to the accessibility and quality of community-based care, hospital admitting practices or the prevalence and acuity of these chronic health conditions.

Caution is advised when comparing 2001-02 rates with previous years' rates for provinces coding in ICD-10-CA/CCI. It is important to note that some of the differences identified may not be due to the implementation of ICD-10-CA/CCI, but may reflect other factors such as the establishment or withdrawal of programs and services specific to the conditions comprising this indicator. This indicator has not undergone re-abstraction analysis to determine the consistency of coding of these conditions. The accuracy and completeness of coding may affect rates.

Objective 2: Reduce waiting times for surgical and diagnostic procedures.

Saskatchewan Health continues to place a priority on promoting surgical and diagnostic access and improving both systems. Saskatchewan Health has a long-term plan designed to improve the management of wait times.

For example, in 2005-06, we allocated $6.5 million to further reduce wait times for surgical services. This funding allowed the Regina Qu'Appelle and Saskatoon health regions to reduce the number of patients who have been waiting more than a year for surgery by approximately 1,500 cases in 2005-06.

The government also provided $10 million to support improvements to diagnostic imaging services in Saskatchewan. These initiatives are aimed at replacing aging and inefficient equipment, adding new diagnostic imaging equipment to the province, increasing capacity, and reducing wait lists.

Key Actions: Results

Focus on reducing waiting times for surgery.

In 2005-06, Saskatchewan Health allocated $8.9 million to further reduce wait times for surgical services including:

- $6.5 million to target patients who have been waiting longer than 18 months for inpatient or day

surgery; and to begin to target patients who have been waiting longer than 12 months for day surgery.
- $2.4 million to improve system performance and management.

Combined, the Regina Qu'Appelle and Saskatoon health regions performed nearly 2,000 more operating room surgeries in 2005-06 than they did in 2004-05. Together the Regina Qu'Appelle and Saskatoon health regions succeeded in reducing the number of patients who have been waiting more than a year for surgery by approximately 1,500 cases in 2005-06.

In addition to the operating room cases, funding was provided to Saskatoon Health Region for endoscopy. The health region performed 695 endoscopy procedures above its agreed-to baseline volumes.

Despite the progress that has been made, there were still 3,221 patients on waiting lists who had been waiting longer than 18 months for surgery and an additional 2,761 patients who had been waiting longer than 12 months for surgery in Regina and Saskatoon as of March 31, 2006.

Continue to develop a diagnostics strategy for Saskatchewan.

Saskatchewan Health provided $10 million to support improvements to diagnostic imaging services in Saskatchewan in 2005-06. These initiatives were aimed at replacing aging and inefficient equipment, adding new diagnostic imaging equipment, increasing capacity, and reducing wait lists and include:
- $1.9 million for diagnostic imaging capacity enhancements, including investments to MRI, CT, and Bone Mineral Density;
- $4 million for upgrading and/or replacing old diagnostic imaging equipment; and
- $4.1 million to be invested in the annualization and further expansion of MRI and CT capacity. A portion of this funding was directed towards the new MRI in Regina, which became operational December 17, 2005.

These investments resulted in approximately 3,500 more MRI exams for a total of over 19,600, and approximately 14,400 more CT exams for a total of approximately 105,000. This translates to an approximate 22 per cent increase in MRI exams and a 16 per cent increase in CT exams in 2005-06 over 2004-05. Bone Mineral Density services increased provincially by approximately 5,000 exams/cases to a total of approximately 18,600 exams/cases. This translates to an approximate 37 per cent increase in Bone Mineral Density exams/cases.

On January 31, 2005 the Minister announced the establishment of a Diagnostic Imaging Network. The Diagnostic Imaging Network is a partnership between clinicians (both academic and clinical), service providers, regional health authorities, regulatory agencies, community and government that works toward the goal of ensuring equitable access to quality diagnostic imaging services in Saskatchewan. Through collaboration with participating partners, the Network acts as a provincial advisory body to assist in province-wide strategic planning and coordination of the diagnostic imaging system.

Saskatchewan Health continues to work closely with health partners (health regions and physicians) to determine the most urgent diagnostic imaging needs and maximize access to diagnostic imaging services in Saskatchewan.

2005-06 Performance Results

Continue to develop the multi-year Radiology Information System (RIS), which will increase efficiency at larger radiology departments by streamlining the scheduling of staff, patients, and equipment.

The Radiology Information System (RIS) is a computerized system comprised of patient tracking and registration, scheduler, examination reporting, management reports, and other tools designed to increase the efficiency of radiology services.The Picture Archiving and Communication System (PACS) is a computerized system that facilitates image viewing at diagnostic, reporting, consultation, and remote computer workstations, as well as archiving of diagnostic images using short or long-term storage devices. The goal within Saskatchewan is to provide shared storage, management, query and retrieval of all medical images and associated results.

Saskatchewan Health has undertaken the Saskatchewan RIS-PACS Initiative with the support of Canada Health Infoway, to focus on the Radiology Information Systems (RIS) and Picture Archiving and Communication Systems (PACS) related technologies. The Saskatchewan RIS-PACS Initiative is sponsored by Canada Infoway and HISC, chartered through Saskatchewan Health, and supported by the health regions with broad based participation from physicians, diagnostic imaging managers and technologists, and health care administrators throughout the province.

On June 24, 2005, the Saskatchewan RIS-PACS and Archive Solution Request For Information (RFI) was issued on behalf of seven health regions (Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, Sunrise), and 11 facilities (five provincial hospitals and six regional hospitals) participating in the RIS-PACS project. The RFI closed on August 2, 2005 and regional evaluators participated in the clinical, technical, corporate capability and financial analysis of 11 qualified vendor responses. Saskatchewan's Request For Proposal closed on January 20, 2006 and regional evaluation team members are in the process of evaluating vendor proposals.

Measurement Results

Wait times for surgical specialties

The following table shows the number of operating room cases performed in the seven largest health regions in 2005-06, relative to established baseline and target volumes. The baseline volumes were established based on past performance and indicate the number of operating room surgical cases that each region was expected to achieve during the year within its surgical budget. Additional funding was provided to the Regina Qu'Appelle and Saskatoon health regions to target patients who had been waiting longer than 18 months and to begin to target patients who had been waiting longer than 12 months for surgery in those regions. The target volumes include the baseline volume plus additional long-waiter cases that those regions planned to perform.

Overall, the volumes achieved in 2005-06 exceeded the total target volumes by 343 cases.

2005-06 Performance Results

Surgery Performed in the Seven Largest Health Regions in 2005-06 (Operating Room cases as reported to the Surgical Patient Registry)					
Regional Health Authority	Baseline	"Target (including long waiter funds)"	"Volume 2005-2006"	Variance from Target	Per cent of Target Achieved
Five Hills	3,900	3,900	4,072	172	104%
Cypress	1,750	1,750	1,870	120	107%
Regina Qu'Appelle	20,000	21,200	21,279	79	100%
Sunrise	3,200	3,200	3,400	200	106%
Saskatoon *	33,000	33,779	33,356	(423)	99%
Prince Albert Parkland	4,780	4,780	4,849	69	101%
Prairie North	4,161	4,161	4,287	126	103%
Total	70,791	72,770	73,113	343	100%

Source: SSCN Surgical Patient Registry. April 26, 2006 refresh.

* Humboldt is not yet reporting to the Registry.

The following table shows that the number of patients who have been waiting longer than 18 months for surgery in Regina and Saskatoon was reduced by 1,049 cases during the 2005-06 fiscal year – a reduction of 636 cases in Regina and 413 cases in Saskatoon. In addition, the number of patients who had been waiting 12 to 18 months was reduced by 457 cases.

Change in the Number of Patients Waiting Longer than 18 Months for Surgery in Regina and Saskatoon			
	Regina Qu'Appelle	Saskatoon	Combined Total
Total waiting longer than 18 months			
# Waiting on March 31, 2005	2,078	2,192	4,270
# Waiting on March 31, 2006	1,442	1,779	3,221
Change	-636	-413	-1,049

Source: Surgical Patient Registry. April 26, 2006 refresh.

While the longest waits for surgery are in Regina and Saskatoon, some patients also wait too long for surgery in regional hospitals. The table below shows reductions in 2005-06 to the number of patients waiting longer than 12 months for surgery in the five health regions with regional hospitals.

2005-06 Performance Results

Change in the Number of Patients Waiting Longer than 12 Months for Surgery in Health Regions with Regional Hospitals						
	Five Hills	Cypress	Sunrise	P.A. Parkland	Prairie North	Combined Total
Total waiting longer than 12 months						
# Waiting on March 31, 2005	140	1	2	285	4	432
# Waiting on March 31, 2006	94	0	0	243	2	339
Change	-46	-1	-2	-42	-2	-93

Source: Surgical Patient Registry. April 26, 2006 refresh.

Objective 3: Improve emergency medical care

Saskatchewan people depend on quality emergency medical services. Our geography and population patterns require innovative approaches to emergency care to ensure fair and equitable access to health services for all Saskatchewan residents.

Key Actions: Results

Continue to make bursaries available to Emergency Medical Responders (EMRs) to upgrade their training to Emergency Medical Technician (EMT) basic level.

2005-06 was the final year of the three-year initiative to make bursaries available to Emergency Medical Responders to upgrade their training to the Emergency Medical Technician (EMT)-basic level. During the 2005-06 fiscal year, training was provided, is being provided, or training arrangements have been put in place for 35 students. As of March 31, 2006, training has been provided or arranged for a total of 107 students.

As well, Saskatchewan Health allocated $200,000 to the Saskatchewan Institute of Applied Science and Technology (SIAST) to provide return for service bursaries for Saskatchewan Registered Nurses (RN) and Licensed Practical Nurses (LPN) wishing to upgrade their skills and knowledge.The newly formed perioperative nursing RN/LPN and basic critical care return-service bursaries ensure that the urgent need of the health regions for perioperative and critical care nurses is met and encourages registered nurses and licensed practical nurses to take post-basic training so they are competent to work in operating rooms or critical care departments.

Continue progress on the development of a common agreement for wide-area dispatch.

All ambulance services are now dispatched through a wide area centre. The department continues to provide support for improvements in the coordination of dispatch services among the wide area centres.

2005-06 Performance Results

Work in collaboration with the Regina Qu'Appelle and Saskatoon health regions on a review to address patient flow and improve access to emergency room services.

The Regina Qu'Appelle health region has undertaken a plan to improve access to acute care services throughout the region. One of its primary goals is to improve the effectiveness of the emergency department through improved processes and more appropriate utilization of emergency facilities and services. To address acute care service access, including the pressure in the Regina hospitals' emergency rooms, the region began implementation of its Acute Care Access Plan in January 2006. During the first two weeks in January, the region opened a 20-bed unit at the Pasqua Hospital providing 24-hour supportive and direct (personal) care to patients who no longer require the services provided in an acute setting but who cannot immediately be discharged home or to a long term care facility. The region also opened 23 acute care beds at the Regina General Hospital in January including additional beds in internal medicine, general surgery/gynecology, cardiosciences and neurosciences. Finally, the region has implemented an acute care access line, the "RQ BedLine", which will manage access to Regina hospital beds as one integrated system.

Emergency rooms in the Saskatoon health region saw an increase in the number of visits during the first six months of the 2005-06 fiscal year. In response to increased admissions, the Saskatoon Health Region announced the opening of a 10-bed emergency room consultant area at the Royal University Hospital in November of 2005. This additional space provides capacity to continue working with patients who require specialist consultant services, thus freeing up 10 beds in the emergency room's active area for other patients.

Measurement Results

Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least emergency medical technician (EMT) basic level training.

Over the last few years there have been slight increases in the percentage of calls where at least one emergency medical provider has at least basic-EMT training. Currently, 98.9 per cent of ambulance calls have at least one emergency medical provider with basic-EMT level training.

Year	Percentage of Ambulance Calls with EMT-basic training
2000-01	98.0
2001-02	98.2
2002-03	98.7
2003-04	98.7
2004-05	98.9

[2004-05; latest data available]

Data Source: Acute and Emergency Services Branch, Saskatchewan Health
Calculation:
Numerator: Number of calls where one or more provider has at least basic-EMT level training
Denominator: Total number of calls
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: This measure reflects the level of care that is provided by the emergency

medical service provider. Saskatchewan Health's performance plan and training strategy support the continued training of Emergency Medical Responders (EMR) up to Emergency Medical Technician (EMT) – basic level.

Given its province-wide focus, the measure may not sufficiently capture regional disparities in training levels.

There are a variety of groups that may influence the department's performance on this measure, including health regions, emergency medical personnel, Saskatchewan Institute of Applied Science and Technology and regional colleges.

Objective 4: Improved hospital, specialized services and long-term care.

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals, specialized services, and long-term care, we continue to invest in capital projects, new equipment, and specialized centres to help people get the type of care they need.

The past year saw the completion of several health facilities in Saskatchewan including:

- Tatagwa View in Weyburn. The bungalow-style facility serves 136 long-term care residents in a home-like environment.
- Assiniboia Union Hospital Addition. 22 long-term care beds were added to the hospital, allowing integration between long-term-care services and acute care in the hospital.
- Yorkton and District Nursing Home Addition. The addition accommodates 93 long-term care residents, plus rehabilitative therapy and outpatient services.

As well, several projects were started in 2005-06, including:

- Ile a la Crosse Joint Use Facility. This unique joint project between the health region and the school district will see a new high school and health facility that meets the educational and health needs of the area, while replacing Saskatchewan's oldest hospital. Construction continues, with expected completion in 2007.

Key Actions: Results

Add an additional eight new Telehealth sites to improve rural and remote access to specialist services.

This year, Telehealth Saskatchewan expanded into eight new locations, making its services available in every provincial, regional and district hospital in Saskatchewan, as well as northern hospitals in La Ronge, La Loche, Ile a la Crosse, and health centres in Beauval and Pinehouse. Telehealth uses videoconferencing technology to improve patients' access to specialized medical services from within their own communities.The new sites are located in Lloydminster, Humboldt, Melfort, Tisdale, Estevan, Melville, Saskatoon (City Hospital) and Regina (Pasqua Hospital).

Provide grants to support acquiring and/or upgrading medical, surgical, diagnostic and other health equipment.

$4 million was allocated to convert Saskatchewan's diagnostic imaging equipment to a digital format and

for the replacement of obsolete diagnostic imaging equipment. These funds were allocated toward the purchase of 19 computed radiography (CR) units for the provincial hospitals in Regina and Saskatoon, the replacement of equipment in the Saskatoon Health Region, and the replacement of priority equipment in Regina Qu'Appelle regional and district hospitals. $19.2 million was allocated for medical, surgical, patient safety, lab services, rehabilitation, and emergency medical services enhancements.

Begin construction on a new Cypress Regional Hospital in Swift Current, and integrated facilities in the communities of Outlook, Herbert, and Moosomin.

This year, construction began on the Cypress Regional Hospital, the Herbert and District Health Services Complex, and the Outlook and District Health Centre. Construction is expected to begin in Moosomin in July 2006.

Complete design and construction on a new Mother and Baby Care Centre in the Regina Qu'Appelle health region.

During the design process there was a need identified for more enhancements than originally envisioned and renovations to bring support space area up to code. Therefore, construction will not begin until 2007.

Work with Saskatoon health region to begin the planning, design and construction of a mental health in-patient facility and an addition to the Oliver Lodge nursing home in Saskatoon.

Approval was provided in Government's 2005-06 budget to continue planning and design for a long-term care expansion to Saskatoon's Oliver Lodge.

Measurement Results

Patient satisfaction

This indicator is defined as the percentage of the population aged 15 years or older who rate himself or herself as either very or somewhat satisfied with the quality of care for (a) overall health services, (b) hospital services, (c) family doctor/other physician care, and (d) community-based services.

Based on this data drawn from the Canadian Community Health Survey, patient satisfaction appears to have decreased for all health services since 2003. Most notably, the percentage of the population reporting they were very or somewhat satisfied with services received in a hospital decreased by four per cent.

Percentage of Population Very or Somewhat Satisfied			
	2001	2003	2005
Overall health services	85.3	87.9	87.3
Services received in hospital	82.9	87.8	83.8
Family doctor/other physician services	92.6	94.0	92.3
Community-based services	90.3	83.2	82.5

[2005-06; latest available data]

2005-06 Performance Results

Data Source: Canadian Community Health Survey, Cycles 1.1, 2.1 & 3.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada website at: http://www.statcan.ca/english/concepts/hs/index.htm.
Calculation:
Numerator: Weighted number of individuals aged 15 and older reporting they were very or somewhat satisfied with the service provided.
Denominator: Total Saskatchewan population aged 15 years or older who used health care services in the 12 months prior to the survey.
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Saskatchewan Health is making efforts to improve the quality and effectiveness of health services. Saskatchewan is also the only province to have a provincially coordinated approach to tracking and reporting client concerns.

For more information on this initiative, visit the following website: http://www.health.gov.sk.ca/ph_br_ae_qual_of_care.html.

Two performance indicators under Goal 4, Objective 1 relate to the number of concerns and timeliness of response to concerns reported through this initiative.

There are limitations to using this performance measure as some population groups are excluded. While patient satisfaction is an important indicator for assessing the global quality or effectiveness of health services, it has many limitations. The reasons for an individuals' perception of satisfaction or dissatisfaction with quality of service are unknown and could be related to a number of complex and interrelated factors.

Number of communities with Saskatchewan Telehealth networks; number of Telehealth sessions, types and participants

The number of Telehealth network sites is increasing. There were 17 Telehealth network sites in 2003-04 and 18 sites in 2004-05. In 2005-06, there were 26 Telehealth network sites.

Year	Number of Telehealth Network Sites
2003-04	17
2004-05	18
2005-06	26

[2005-06; latest available data]

In 2005-06, there were 282 educational sessions held with more than 13,3000 people attending. Additionally, there were 466 clinical sessions involving 498 patients.

Year	Educational Sessions	Clinical Sessions
2001-02	152 sessions with 2338 people attending	95 sessions with 246 patients seen
2002-03	265 sessions with 3976 people attending	166 sessions with 237 patients seen
2003-04	351 session with 5381 people attending	137 sessions with 309 patients seen
2004-05	390 sessions with 5456 people attending	354 sessions with 410 patients seen
2005-06	282 sessions with 13,300 people attending	466 sessions with 498 patients seen

[2005-06; latest available data]

2005-06 Performance Results

Data Source: Acute & Emergency Services Branch, Saskatchewan Health
Analysis/Interpretation: Saskatchewan Health continues to work with the health sector on identifying ways to improve access to quality health services. The Telehealth network is one of these strategies.

Using the latest communication and multimedia technologies, the Telehealth Saskatchewan Network provides a broad spectrum of services that benefit patients, families, and community members living in remote and rural areas of the province.

Fiscal constraints, along with the level of interest within health regions, can influence the number of Telehealth network sites and the number of sessions offered.

Goal 2: Effective health promotion and disease prevention

Objective 1: Better promotion of health and disease prevention

Saskatchewan Health continues to follow its provincial strategy, *Healthier Places To Live, Work and Play... A Population Health Promotion Strategy for Saskatchewan*, which guides long-range planning for health promotion. Unveiled in 2004, the strategy is an invaluable framework for health promotion at the local, regional and provincial levels. It focuses on four key areas: mental well-being, accessible, nutritious food, decreased substance use and abuse; and active communities. Goals of the strategy include: improving the conditions that support positive mental well-being; reducing barriers to, and increasing opportunities for, healthy eating habits; reducing tobacco, alcohol and drug use; and reducing barriers to, and increasing opportunities for, regular and enjoyable physical activity in communities, schools and workplaces.

Key Actions: Results

Support regional health authorities to successfully implement their local Population Health Promotion Strategy.
The department provided funding for a position in each regional health authorities to support the reduction of substance abuse and the promotion of mental well-being, which are two priorities in the Population Health Promotion Strategy. These positions also support the prevention/promotion components of Project Hope. We also distributed *Supporting Mental Well-being and Decreased Substance Use and Abuse*, a document that provides information on evidence-based strategies for addressing substance abuse and mental well-being, to regional health authorities.

An evaluation workshop in October provided heallth regions with an opportunity to learn more about evaluating their Population Health Promotion Strategies. The department continues to provide program resource material and technical expertise on population health promotion to regional health authorities to support the implementation of their local strategies.

2005-06 Performance Results

Work with health regions and other sectors to ensure successful implementation of The Tobacco Control Amendment Act.

Tobacco legislation in Saskatchewan is aimed at protecting people from the devastating health effects of tobacco smoke. *The Tobacco Control Act* is key to promoting healthy lifestyles and preventing disease throughout Saskatchewan. This Act focuses on keeping young people from smoking, reducing exposure to secondhand smoke, and de-normalizing tobacco use by making it the exception rather than the rule. On January 1st, 2005, legislation took effect in Saskatchewan that prohibits smoking in enclosed public places. In 2005-06 Saskatchewan Health provided additional funding of $750,000 to health regions to support the enforcement of the Tobacco Control Act and other public health inspection initiatives.

In 2005-06 Saskatchewan Health provided resources to Health Canada via a Memorandum of Understanding for Federal Tobacco Enforcement Officers to enforce the sales and advertising provisions of the Act. The department provides ongoing support and education to Tobacco Enforcement Officers to assist them in the enforcement of the tobacco control legislation.

As well, in keeping with the spirit and intent of the legislation, the Healthy Living Services Minister challenged all 2006 graduating Grade 12 classes in Saskatchewan to achieve the goal of graduating tobacco-free. Each graduating class that met the Tobacco-Free Challenge received a certificate and a letter congratulating the students on being tobacco-free.

Continue the implementation of a crystal methamphetamine strategy that will integrate and strengthen the services that help to prevent and treat addiction, and to co-ordinate and intensify efforts to reduce the access to and use of crystal methamphetamine and other drugs.

The province's plan for crystal meth identifies four key areas of strategic focus: prevention; treatment; education; and reducing drug supply (supply interdiction). It outlines 25 key actions for these four areas and provides examples of the many initiatives currently underway throughout the province.

Graham Addley, Legislative Secretary to the Premier on Substance Abuse Prevention and Treatment, undetook a comprehensive public consultation to determine the state of substance abuse prevention and treatment programs and services in Saskatchewan. On April 28, 2005, he announced his initial findings and recommendations regarding substance abuse in Saskatchewan. In response to these findings, Saskatchewan Health enhanced HealthLine, the provincial toll-free health information telephone line to include information and 24 hour specialized addictions counselling. As well, the department promoted the service and helped to raise awareness about addictions issues through an advertising campaign.

In November 2005, Saskatchewan Health announced plans to work with the Saskatchewan College of Pharmacists to restrict the sale of certain cold remedies containing ingredients most easily used and preferred to produce crystal methamphetamine. Saskatchewan Health amended The Drug Schedules Regulations, 1997, reclassifying the cough and cold products containing only pseudoephedrine to the "Schedule II" list, meaning they can only be sold in pharmacies and must be kept behind the counter.

On August 4, 2005, the Legislative Secretary released his report and recommendations entitled, *Healthy Choices in a Healthy Community: A Report on Substance Abuse Prevention and Treatment Services in Saskatchewan*. The 15 recommendations found in the report form the basis of the Premier's Project Hope, a three year plan to prevent and treat substance abuse in Saskatchewan.

2005-06 Performance Results

Develop a children's mental health strategy.

The Children's Advocate released a report calling for the development of a provincial plan for children's mental health. In response, Saskatchewan Health undertook an extensive public consultation process and created a plan to enhance children's mental health services. The plan focuses on building capacity in the regional mental health services by:

- delivering more evidence-based early intervention, treatment, outreach and respite services;
- providing more specialist mental health consulting to service providers across disciplines, sectors and organizations;
- providing more training for professionals and paraprofessionals in mental health services; and
- building effective partnerships between children's mental health services and other disciplines, sectors and organizations.

In April 2006 the Government of Saskatchewan announced an additional $1 million for the 2006-07 year and $2 million each future year for children and youth mental health services to support the plan.

Implement the cognitive disabilities strategy, with a particular focus on Fetal Alcohol Spectrum Disorder (FASD).

The Government of Saskatchewan committed $1.65M in 2005-06 to build on a range of initiatives to better meet the needs of children, youth and young adults with cognitive disabilities. Priority areas of the strategy include strengthening Fetal Alcohol Spectrum Disorder (FASD) prevention and intervention, improving access to assessments and diagnoses and strengthening direct supports based on need.

Flexible funding was available in 2005-06 to supplement or extend existing programs that support individuals and their families throughout the province. Saskatchewan Health met with the Regional Directors of Mental Health and Addictions to provide them with an orientation on the new services available under the Cognitive Disabilities Strategy, preparing them to accept referrals to these services. As well, Saskatchewan Health and Community Resources staff regularly attended the local planning committee meetings in Regina, Saskatoon, Prince Albert and LaRonge. Saskatchewan Health also attended the initial meetings of the local planning committees in Rosetown, North Battleford, Swift Current, Fort Qu'Appelle and Moose Jaw.

Cognitive disabilities consultants have been hired in Prince Albert, Saskatoon, Regina, and La Ronge. More cognitive disabilities consultants will be hired in 2006-07.

Regina Qu'Appelle, Saskatoon, and Prince Albert Parkland health regions hired staff to enhance their cognitive disabilities assessment and diagnosis services. Prince Albert hired a clinic coordinator and extended the hours of an occupational therapist to enhance assessment services. Saskatoon hired a psychologist to enhance assessment services to school age children. Regina hired a developmental pediatrician, psychologist and social worker to offer assessment services.

Saskatchewan Health contracted with The Saskatchewan Prevention Institute to implement the Saskatchewan Alcohol Risk Assessment Resources and Training Project to provide Saskatchewan health care professionals with tools for alcohol risk assessment, techniques in motivational interviewing, and the training to use the tools in a sensitive and effective way.

2005-06 Performance Results

Measurement Results

Incidence rate of Chlamydia (rate of new cases per 100,000 population)

The incidence rate of Chlamydia per 100,000 population increased between 1999 and 2003. In 2004 there was a decrease in the rate, but again elevated in 2005 to 371.7 per 100,000 population.

Year	Chlamydia Rate Per 100,000 Population
1999	254.2
2000	287.9
2001	309.2
2002	352.7
2003	372.0
2004	354.5
2005	371.7

[2005; latest data available]

Data Source: Communicable Disease Control Unit, Population Health Branch, Saskatchewan Health.
Calculation:
Numerator: Number of cases of Chlamydia trachomatis
Denominator: Population estimate
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Saskatchewan Health continues to support the regions in educating the public about the prevention of Sexually Transmitted Infections (STIs) such as Chlamydia. Saskatchewan Health provides medications to health region Sexual Health Clinics and local physicians for the treatment of notifiable STIs.
Many factors including education, socio-economic status, psychological well-being and self-esteem influence engagement in high-risk behaviour that may lead to a sexually transmitted infection (STI). Saskatchewan Health has a role in education and prevention of STIs, but there is limited control over behavioural change.

Increasing incidence rates of Chlamydia may be partially accounted for by the advances in diagnostic technology. Current incidence rate should be interpreted in the context of increased reporting and improved sensitivity of testing procedures.

Prevalence of diabetes (type 1 & 2) expressed as a number per 1000 individuals

Diabetes prevalence rate in 2004-05 was 52.0 (provisional) cases per 1000 population compared to 50.7 (provisional) cases per 1000 in 2003-04. Incidence rates were 3.9 (provisional) cases per 1000 population in 2004-05 and 4.5 (provisional) cases per 1000 population in 2003-04.

2005-06 Performance Results

Year	Diabetes Prevalence Rate per 1,000 population	Diabetes Incidence Rate per 1,000 population
1997-98	32.7	5.6
1998-99	35.9	5.0
1999-00	38.5	4.4
2000-01	40.2	3.3
2001-02	45.1	5.1
2002-03	48.3	5.3
2003-04*	50.7	4.5
2004-05*	52.0	3.9
2005-06	N. A.	N. A.

[* Information available for 2003-04 and 2004-05 is provisional; information for 2005-06 is not yet available. The estimations above are based on information in the Physician and Hospital separations databases.]

Data Source: Population Health Branch, Saskatchewan Health
Calculations:
(a) Prevalence
Numerator: Number of Saskatchewan residents identified with diabetes in the health databases
Denominator: Total Saskatchewan population
Calculation: (numerator/denominator) x 1000

(b) Incidence
Numerator: Number of new cases of diabetes identified in Saskatchewan residents.
Denominator: Total Saskatchewan population.
Calculation: (numerator/denominator) x 1000
Analysis/Interpretation: Diabetes is a multi-factorial disease that requires intervention in several areas including diet and physical activity. It is also associated with several other non-medical determinants of health (e.g., education, socio-economic factors, etc.).

Saskatchewan Health continues to work with health regions and stakeholders on population health strategies, such as the importance of healthy lifestyle choices.

Changing personal lifestyle and behaviour is a slow process. Health regions, health providers, public organizations, and members of the public can influence diabetes trends.

Note: The numbers presented here may differ from the National Diabetes Surveillance System's (NDSS) national reports, as NDSS generates data based on the population aged 20 and older. Rates above are for the total Saskatchewan population; all age groups are included in the numerator and denominator.

Percentage of daily smokers between the ages of 12-19 years

Generally, rates of youth smoking have been decreasing, at both the national and provincial level. In Saskatchewan, the percentage of current (daily or occasional) smokers has declined from 20.5 per cent in 2001 to 13.1 per cent in 2005. In addition, the percentage of daily smokers has declined from 15.5 per cent in 2001 to 8.1 per cent in 2005.

2005-06 Performance Results

Year	Percentage of Current (Daily or Occasional) Smokers	Percentage of Daily Smokers
2001	20.5	15.5
2003	15.2	9.8
2005	13.1	8.1

[2005; latest data available]

Data Source: Canadian Community Health Survey, Cycles 1.1, 2.1 & 3.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada website at: http://www.statcan.ca/english/concepts/hs/index.htm.
Calculation:
Numerator: Weighted number of individuals aged 12-19 years who reported they currently smoked, daily or occasionally.
Denominator: Total Saskatchewan population 12-19 years
Calculation: (numerator/ denominator) x 100
Analysis/Interpretation: Data is presented for current teen smokers, i.e. those who reported they currently smoked either daily or occasionally. Given the highly addictive nature of smoking, even occasional smoking is important to monitor, especially in youth.

Saskatchewan Health continues to work closely with the health sector on a variety of anti-smoking strategies, for example education strategies that target youth (i.e. "Young Spirits: Proud to be Tobacco Free" anti-tobacco initiative), and tobacco control legislation.

On January 1, 2005, smoking in public places became illegal in Saskatchewan. This legislation will protect thousands of Saskatchewan residents and their children from the dangers of second-hand smoke and do much to prevent disease and illness today and in future generations.

Changing personal lifestyle and behaviour is a slow process. In addition to Saskatchewan Health, health regions, Health Canada, and the public all play a role in changing smoking behaviour.

Vaccine coverage rates for two year old cohort

In 2004-05, there were 10,854 children who attained the age two during the time period, and are registered in Saskatchewan Immunization Management System (SIMS). Of those who are registered in the system, 72.9 per cent completed the recommended immunizations before or on the date of the child's second birthday.

Year	Population attaining 2 years	Population attaining 2 years and registered in SIMS	Total Coverage Rate (%)
2004-05	11,988	10,854	72.9

[2004-05; latest data available]

Data Source: Saskatchewan Immunization Management System (SIMS), Saskatchewan Health
Calculation:
Numerator: Number of children completing recommended immunizations before or on the date of the

child's second birthday, whose immunizations are entered into the SIMS computerized registry system
Denominator: Number of children who have attained the age of two in the specified reporting period and are registered in SIMS
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Immunization rates are a reliable indicator of prevention. Immunization data facilitates the control and elimination of vaccine preventable diseases in Canada by ensuring the provision of information and knowledge necessary to achieve the best possible coverage for Canadians. Vaccine-preventable diseases have certain attributes that make them very suitable for clearly defined national goals and targets: currently existing control programs of demonstrated effectiveness, measurable outcomes, a clear linkage of resources with strategies, and indicators for surveillance already in place.

Children are considered up-to-date if they have received an antigen count of four by their second birthday for diphtheria, pertussis (whooping cough), tetanus, haemophilus influenza B and polio. For measles, mumps, and rubella, up-to-date entails two antigens.

Immunization rates provide information on the extent to which preventive measures are in place and being utilized to control life-threatening diseases. However, the percentage of the eligible population receiving immunization reflects more than access to, and availability of, appropriate health care. The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates are likely to require more than enhanced availability/accessibility of health services. Data quantity and quality may affect how accurately the immunization rate reflects true immunization coverage.

There are several limitations that impact data in SIMS. A limitation of the system is a lack of information on First Nations children who are immunized on reserve. Immunizations that occur off reserve are captured in the system, but on reserve immunizations, the majority of which apply to children younger than school age, are not available.

Another limitation is the ability to produce completely accurate coverage rates for vaccinations, due to the denominator data used. The denominator data are the total number of immunization records registered in SIMS. This excludes those children who reside within the geographical health region boundary, such as on reserve, and receive immunizations through First Nations agencies. For this reason, children who are mobile from one health region to the next between health regions and First Nations communities may influence regional coverage rates.

There is also the ability for Public Health Nurses at the regional level to update address information, including postal codes, at the time of the immunization. This information may be different from address information available in the Person registry System (PRS), from which demographic information comes. Data subject to change given improvements to SIMS.

Objective 2: Improve the health of northern and Aboriginal communities

Saskatchewan Health is working with Aboriginal peoples, the federal government, and health system partners on a range of initiatives aimed at improving health outcomes of Aboriginal peoples. In 2005, Saskatchewan collaborated with the federal government and Aboriginal organizations on the development of the national Aboriginal health blueprint. A Saskatchewan blueprint document was also developed based on priorities that emerged from provincial engagement sessions and submissions from Aboriginal organizations.

2005-06 Performance Results

Key Actions: Results

Develop and begin implementation of a provincial alcohol and drug strategy to help targeted populations including at-risk Aboriginal populations, youth, Northern Saskatchewan, and street-involved people.

On August 4, 2005, Project Hope was announced. Based on 15 recommendations contained in the report *Healthy Choices in a Healthy Community* by the Legislative Secretary on Substance Abuse Prevention and Treatment, Project Hope is a three year plan to prevent and treat substance abuse.

Highlights include:

- tripling youth stabilization and treatment capacity throughout the province including the development of a new, residential youth treatment facility in Prince Albert in co-operation with First Nations and the federal government;
- strengthened drug supply reduction resources;
- creation of a new Alcohol and Drug Prevention and Education Directorate within Saskatchewan Health to substantially expand awareness and prevention initiatives;
- redevelopment of the current treatment model to reflect best practices, building in strong and flexible supports for individuals and families at the community level; and
- better data and research to guide policy making, including a research chair at the University of Saskatchewan.

2005-06 progress included:

- enhanced methadone treatment options in Saskatoon and Prince Albert;
- restricting the sale of single entity cold remedies (consisting of ephedrine or pseudoephedrine)
- The Saskatchewan Government and the University of Saskatchewan signed an agreement in December 2005, which will bring a substance abuse research chair to the province. Recruitment for this position is ongoing.
- In December 2005, new legislation was passed to more effectively stabilize youth whose addictions pose a serious threat to themselves or others. Called the Youth Drug Detoxification and Stabilization Act, it became law on April 1, 2006.
- In November 2005, the Alcohol and Drug Prevention and Education Directorate was fully staffed. Its mandate is to work with health regions, schools and other agencies to enhance prevention and education efforts. One of the Directorate's first tasks was to develop a national addictions conference. 300 delegates from across Canada attended the Moving Forward 2006 conference at the end of January, which was hosted by the government of Saskatchewan and sponsored by the Council of the Federation.
- February 2006 - six interim youth stabilization beds were opened in Saskatoon.

Begin construction on a joint-use health/learning project at Ile-a-la-Crosse.

Construction of the Ile a la Crosse Joint Use Facility began in August 2005 with a goal for completion by school start in 2007. This unique project replaces one of Saskatchewan's oldest hospitals and will achieve ongoing savings by combining a health facility with an educational facility. The new building will become a focal point for the community, ensuring a high quality health care and educational environment.

2005-06 Performance Results

Develop an Aboriginal health Framework.

We have worked closely with Aboriginal residents and leaders in developing a Saskatchewan approach to the health blueprint. We will continue to strengthen our relationship with our First Nations and Metis communities as we move forward.

Saskatchewan Health developed a provincial blueprint approach document with Health Canada's First Nations and Inuit Health Branch – Saskatchewan Region. The document is posted on the Health website at http://www.health.gov.sk.ca/ps_aboriginal_health.htm . The document is based on the priorities that emerged during blueprint engagement sessions and submissions. The blueprint approach document contains a commitment to work together with Aboriginal organizations and the federal government on priorities under the following headings:

- delivery and access;
- sharing in improvements to the Canadian health care system (focusing on Aboriginal participation in the health workforce);
- promoting health and well-being; and
- developing on-going collaborative relationships.

Measurement Results

Potential Years of Life Lost per 100,000 population for Saskatchewan Registered Indian People

Potential Years of Life Lost (PYLL) is the number of years of life lost when a person dies prematurely from any cause, defined as death before age 75. Decreasing rates of overall PYLL are regarded as a proxy measure of access and uptake of culturally sensitive prevention strategies in the province. It is more a measure of socio-economic and environmental circumstances than of health system performance. The PYLL rate has remained relatively stable within the province.

Year	PYLL per 100,000 Registered Indian Population	PYLL per 100,000 Remainder of Population
1998	11,276.1	5,770.2
2001	11,998.0	5,040.0
2002	11,382.4	5,117.8

[2002; latest available data]

Data Source: Vital Statistics and Saskatchewan Person Registry Systems, Saskatchewan Health
Calculation:
Numerator: Deaths of persons under age 75 years, by age group, registered Indian status and cause
Denominator: Population estimate
Calculation: (75-mean age x number of deaths) x 100,000
Analysis/Interpretation: The PYLL rate for Registered Indian peoples continues to be greater than for the remainder of the population. This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

Saskatchewan Health continues to work with the health sector and Aboriginal organizations to improve the health status of Aboriginal peoples. For example, leaders from northern health authorities, the Northern Inter-Tribal Health Authority, Health Canada, and Saskatchewan Health have been participating in the development of a Northern Health Strategy that recognizes these unique issues and meets the needs of northern people.

Saskatchewan, along with other jurisdictions, continues to work with the federal government to meet its broader responsibilities to Aboriginal peoples. Saskatchewan is also working with other jurisdictions on the creation of a National Aboriginal Health blueprint, which includes working with Saskatchewan Aboriginal Peoples to help improve health status.

The federal government has a fiduciary responsibility to Aboriginal peoples and can influence the broader determinants of health, which in turn impacts PYLL rates. First Nations organizations (bands, tribal councils, etc.) actively work to improve socio-economic and environmental conditions for First Nations.

Goal 3: Retain, recruit, and train health providers

Objective 1: Improve utilization and availability of health human resources

Saskatchewan Health recognizes our health professionals are the foundation of our health care system. Qualified health professionals are in great demand across our country and around the world. Through our health human resources strategy we continue to address the challenges of attracting and keeping skilled health providers. Initiatives undertaken this year moved Saskatchewan Health forward in addressing many of those challenges.

Key Actions: Results

Engage with our stakeholders in the development of a province-wide health human resource plan.

Working Together: Saskatchewan's Health Workforce Action Plan sets a direction for a more integrated workforce and includes initiatives and innovations that will improve health workplaces and address issues affecting key health professionals.

The plan was developed with broad consultation and advice from health and learning stakeholders, as well as other government departments. From May to October 2005, health stakeholders offered their advice and ideas about issues facing the many different health professions in Saskatchewan. As well, the Canadian Policy Research Network (CPRN) hosted a Health Human Resource Planning Conference in October bringing the major partners together to discuss the key elements of a provincial health human resource plan.

Continue recruitment and retention programs to help ensure the availability of rural and specialist physicians.

In 2005-06, Saskatchewan Health provided $20 million to fund an array of programs and initiatives specifically targeted at recruiting and retaining physicians.

2005-06 Performance Results

Isolation of physicians in solo or two-person practices is one of the challenges impacting the recruitment and retention of physicians in rural areas. This is being addressed through the development of:

- Primary health care sites in the health regions. The goal is to build stronger links between physicians and allied health professionals through a collaborative, multi-disciplinary approach to health care delivery.
- Alternative payment arrangements that offer physicians more flexibility in their medical practices. This allows physicians to focus more time on prevention and health promotion areas traditionally not well rewarded within the fee-for-service system.

Continue bursary programs for physicians, nurses, allied health disciplines and specialized health professional fields.

In 2005-06, the Saskatchewan Health bursary program manual was completed. The manual contains policies and procedures that provide clear direction for the bursary process. The manual also allows program staff the flexibility to respond to unique situations and the needs of employers.

Annually, we evaluate the list of eligible health professionals for bursaries. This evaluation is based upon collection and analysis of health labour market data and collaboration with stakeholders. Each year the eligible health profession bursary list is revised as needed to meet current and projected labour market needs.

Bursaries are awarded to a wide range of nursing and allied health disciplines, with 20 types of allied health bursaries and six categories of nursing bursaries. Students receiving a health bursary commit to providing a return in service to a Saskatchewan health employer.

The following changes were made to the bursary program for 2005-06:

- Created new bursaries for students in Dental Therapy and Clinical Social Work.
- Created new bursaries for nursing: Perioperative and Basic Critical Care.

The total number of new and continuing bursaries/grants (Allied, Nursing, and Physician) since 2001/02 are listed below.

Year	Number
2001-02	161
2002-03	414
2003-04	531
2004-05	546
2005-06	561

Measurement Results

Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months

The percentage of the population aged 12 and over who have consulted with health professionals in the 12 month period prior to the Canadian Community Health Survey being conducted has increased for each of medical doctors, dental professionals, and alternative health care providers. In 2003-04, 81.2 per cent of the Saskatchewan population consulted with a medical doctor; this increased to 82.3 per cent in 2005-

2005-06 Performance Results

06. The percentage of the Saskatchewan population who consulted with a dental professional increased to 58.0 per cent in 2005-06, up from 50.5 per cent in 2001-02 and 54.8 per cent in 2003-04. There was an increase of 4.6 per cent from 2001-02 to 2005-06 in the percentage of the Saskatchewan population who consulted with an alternative health care provider.

Health Professional	2001-02 (%)			2003-04 (%)			2004-05 (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
MD/ Pediatrician	82.6	78.0	87.2	81.2	76.9	85.5	82.3	77.3	87.2
Mental Health Professional	7.6	4.4	10.6	NA	NA	NA	NA	NA	NA
Dental Professional	50.5	47.8	53.1	54.8	52.0	57.6	58.0	56.2	59.6
Alternative Health Provider	13.9	9.9	17.8	16.2	11.7	20.7	18.5	13.3	23.6

[2003-04 was the latest available data for the 2004-05 report]

Data Source: Canadian Community Health Survey, Cycles 1.1, 2.1 & 3.1, Statistics Canada. For more information on this and other population health surveys, please visit the Statistics Canada website at: www.statcan.ca/english/concepts/hs/index.htm.

Calculation:

Numerator: Weighted number of individuals aged 12 and over who reported consulting with a health professional in the last 12 months

Denominator: Total Saskatchewan population aged 12 and over

Calculation: (numerator/denominator) x 100

Analysis/Interpretation: Overall, the percentage of people consulting with a medical doctor has stayed fairly constant, but there have been increases in the percentage of people consulting with a dental professional or alternative health care provider.

Saskatchewan Health, working with Saskatchewan Learning and health stakeholders, continues a variety of retention and recruitment initiatives to ensure the province has an adequate supply of health providers. The number of health professionals in certain areas (such as rural and remote regions) is limited by factors out of the control of the department.

Measuring the mere use of health professionals does not provide information on the appropriateness of that use. In addition to Saskatchewan Health, health providers, Saskatchewan Learning, professional colleges, universities, etc., all play a role in increasing numbers and availability of health providers.

Note: New data is not available for the percentage of the population consulting with mental health professionals as this question was part of an optional content module of the Canadian Community Health Survey that not all jurisdictions in Saskatchewan agreed to include.

2005-06 Performance Results

Objective 2: Develop Representative work places.

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. We continue to support initiatives to encourage a health workforce that is representative of the people it serves.

Key Actions: Results

Continue to build opportunities for Aboriginal peoples in the health sector workplace.

Regional health authorities and Saskatchewan Cancer Agency are working toward the goal of a representative workforce. A major component of this work is providing cultural awareness training to all employees. Saskatchewan Association of Health Organizations (SAHO) has been the lead in the development of Aboriginal Awareness training as part of the Representative Workforce Strategy for the health system. Saskatchewan Health, First Nations Metis Relations (FNMR), SAHO and Saskatchewan Learning, through the Representative Workforce Steering Committee, have provided guidance to the overall direction of the Aboriginal Employment Development Plan. The result of this collaborative effort was the development of a five-year education strategy, complete with guiding principles to steer the Aboriginal Awareness training component.

As well, Saskatchewan Health helped host a satellite training session on Aboriginal human resources.

Workshop objectives included:

- Learning about Aboriginal Human Resource programs and Representative Workforce initiatives in the province of Saskatchewan related to the health sector.
- Gaining a clearer understanding of the benefits of partnerships and collaboration for healthy communities.
- An opportunity to ask questions of panel presenters.
- Identifying potential application of ideas and knowledge transfer back into their own communities and working environments.

2005-06 Performance Results

Measurement Results

Number of Staff Receiving SAHO's "In Partnership" Training			
Regional Health Authority	April 1/03 to March 31/04	April 1/04 to March 31/05	April 1/ 05 to March 31/ 06
Sun Country	0	335	212
Sunrise	443	329	471
Regina Qu'Appelle	1,440	1,810	1,130
Prince Albert Parkland	781	545	158
Prairie North	327	478	300
Five Hills	0	184	220
Saskatoon	1,370*	597	2,026
Kelsey Trail	0	74	388
Mamawetan	0	9	62
Keewatin	0	0	76
Cypress	0	89	489
Heartland		34	160
SK Cancer		34	0
Totals	**4,361**	**4,518**	**5,692**

Self-declared Aboriginal employees as a percentage of all regional health authority employees

This data was published in 2004-05 and will be updated in 2006-07. Future annual reports will show performance change against this baseline.

Objective 3: Create healthier, more effective work places.

Supporting, attracting and keeping skilled health professionals is a significant challenge for Saskatchewan's health care system. We continue initiatives to create more satisfying work environments.

Key Actions: Results

Work to retain health professionals by providing safer, higher quality workplaces, continuing education and training.

In September of 2004, Canada's First Ministers agreed to accelerate their work on health human resource action plans and/or initiatives to ensure an adequate supply and appropriate mix of health care professionals. They agreed to make the action plans public, including targets for the training, recruitment and retention of professionals by December 31, 2005.

In response to the First Ministers' agreement, Saskatchewan developed a workforce action plan built on the 2001 *Action Plan for Saskatchewan Health Care*. The plan was developed with broad consultation and advice from health and learning stakeholders, as well as other government departments. From May to October 2005, health stakeholders offered their advice and ideas about issues facing the many different health professions in Saskatchewan.

2005-06 Performance Results

Five themes emerged from these face-to-face and written consultations: quality of care; workforce environment; education and training; evidence-based planning; and roles, responsibilities and relationships. The resulting plan reflects our common vision, goals and objectives to strengthen health human resource planning in this province. It sets a direction for a more integrated, coordinated workforce. Rather than focusing solely on the number of health professionals needed, the plan reflects the value of a workforce that can respond to change in health needs, skill-mixes and service delivery.

Saskatchewan Health has been facilitating an Occupational Health and Safety (OH&S) working group. This group is representative of members from the various regional health authorities, Saskatchewan Association of Health Organizations (SAHO), Saskatchewan Labour, Workers' Compensation Board, and Saskatchewan Health, and has successfully developed a Provincial OH&S strategy in collaboration with employers.

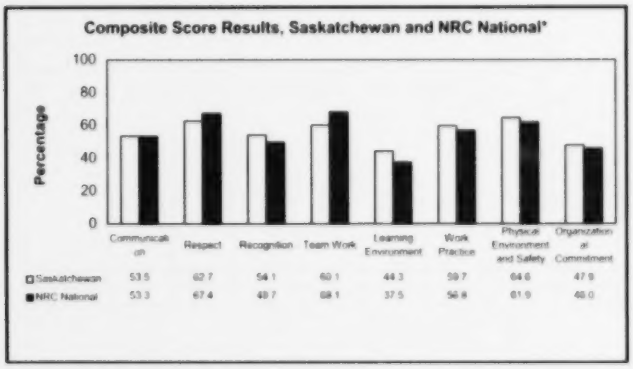
Federal funding of $2 million was targeted to Quality Workplace Initiatives in 2005-06 to develop initiatives based upon identified needs to improve worker morale, job satisfaction, turnover rates, absenteeism, illness and injury rates. This translates into the dedication of resources and the building of capacity within the health system and health regions to improve organizational development issues that contribute to staff satisfaction.

Funding for continuing education and professional development was allocated to the 12 regional health authorities and the Saskatchewan Cancer Agency for professional and clinical courses and other training opportunities.

In May of 2005, health care employees from across the province were asked for their views and opinions about their workplaces. These results were then compared against a national database established by NRC + Picker Canada, the company contracted to implement the survey and analyze results.

Results of the survey show that several key aspects of a quality workplace are rated above the averages established through the NRC Picker database. Physical environment and safety, respect and teamwork were the highest-rated topic areas. The lowest-rated topic in Saskatchewan health care workplaces is the creation of learning environments. Positive ratings include responses of excellent, very good, and good.

The province-wide survey is a part of an ongoing commitment to building an environment of continuous improvement in the workplaces of Saskatchewan's health care system. It was an initiative of health care employers across the province and SAHO. Saskatchewan Health provided funding for the survey.



2005-06 Performance Results

Measurement Results

The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence

Regional Health Authorities Time of Absence			
Year	Sick Hours Per Paid FTE	No. of Lost-time WCB Days per 100 FTEs	No. of Lost-time WCB Claims per 100 FTEs
2003-04	86.27	438.11	7.62
2004-05*	88.57	419.10	8.94
2005-06	85.18	447.10	8.07

* Note: Values for 2004-05 were updated to reflect refinements in the calculation methodology
[2005-06; latest available data]

Data Source: Workforce Planning Branch, Saskatchewan Health; Saskatchewan Association of Healthcare Organizations (SAHO); Workers Compensation Board (WCB)
Calculation:

Sick time: The total number of work hours absent due to illness or injury divided by the total number of FTEs, for a specific time period.

WCB Days: The number of lost-time WCB days divided by the total number of paid FTEs, expressed as a rate per 100 FTEs for a specific time period.*

WCB Claims: The number of lost-time WCB claims divided by the total number of paid FTEs, expressed as a rate per 100 FTEs, for a specific time period.*

* Different from 2003-04, calculation of the lost-time WCB claims has been separated from sick time; number of lost-time WCB days per 100 FTEs is reported instead of WCB hours per paid FTE; number of lost-time WCB claims per 100 FTEs is reported instead of combined sick and WCB hours per paid FTE.

Analysis/Interpretation: Absenteeism rates are considered one of the top five indicators of the health of a workplace. Sick leaves needs to be measured over a period of time to provide meaningful information. Addressing their root cause at the local level can contribute to employee quality of life, efficiency and cost effectiveness.

The WCB figures are baseline figures developed in 2004-05. The Saskatchewan Provincial Auditor recommended regular reporting of workplace safety, allocating resources, and setting targets. There are currently no national measurements standards for tracking this type of information. There is national comparative data from the Labour Force survey, but this is based on self-reported work absences.

2005-06 Performance Results

Goal 4: A sustainable, efficient, accountable quality health system

Objective 1: Ensure quality, effective health care

Saskatchewan Health continues to promote quality and innovation in the provision of health care. We have introduced a range of initiatives to ensure evidence-based decisions lead to the continual improvement in the delivery of quality health services. We work with groups like the Health Quality Council to advance collaborative approaches to assess quality issues and introduce improvements. We also continued progress with health information systems to provide access to pertinent health information for health care providers.

Key Actions: Results

Implement patient care information systems in priority program delivery areas to help address workload issues, increase efficiency and enhance patient safety by providing higher quality and more timely information for patient care.

In 2005-06, Saskatchewan Health implemented a central patient index (CPI) system in the Prairie North, Sun Country, Heartland and Mamawetan health regions. The Kelsey Trail health region moved its CPI system to the Saskatchewan Health Information Network's (SHIN) data centre. We implemented pharmacy systems in Sun Country, Kelsey Trail and Sunrise health regions. As well, the minimum data set (MDS) module for assessing home care clients was implemented in Prince Albert Parkland and Cypress health regions, and the clinical view application was implemented in the Sunrise health region.

In 2005-06, the Pharmaceutical Information Program (PIP) completed the definition of clinical requirements for electronic prescribing. PIP also introduced the medication profile viewer to selected sites including pharmacies, emergency rooms and long term care facilities across the province. Health care professionals are provided with up to date drug information and tools to make optimal drug therapy decisions, which will improve the quality, safety and management of health care for Saskatchewan residents.

As of March 2006, Shared Client Index testing is underway to provide a trusted and timely source to identify all persons who have contact with the health system.

In 2005-2006, in coordination with Canada Health Infoway, a national procurement process for RIS/PACS was completed to select a product that will support the provincial initiative to improve diagnostics imaging services and reduce waiting lists.

New projects in the area of Integrated Electronic Health Record (iEHR) were in the planning stages and HISC expects to receive approval and a funding commitment from Canada Health Infoway for additional projects in areas such as Public Health Surveillance.

Develop and begin implementation of a laboratory results reporting system to make laboratory results available electronically to more and more locations where health care providers work.

With our investments in laboratory information systems through the Integrated Clinical Systems project (ICS), lab results (including all complex tests) are now captured electronically for over 90 per cent of the

laboratory tests in the province. Results from these tests continue to be distributed in the traditional ways (e.g. by fax or mail). In 2005-06, planning was completed on the laboratory results reporting system that will bring together all of a patient's recent laboratory tests into a secure and electronically available profile.

Measurement Results

Number of client contacts (number of clients who contacted a Quality of Care Coordinator to report one or more concerns)

The number of clients reporting a concern in 2004-05 was 2140, a decrease of three per cent from 2003-04.

Year	Number of Clients Who Reported a Concern
1998-99	2026
1999-00	1859
2000-01	1810
2001-02	1939
2002-03	1684
2003-04	2205
2004-05	2140

[2004-05; latest available data]

Data Source: Acute & Emergency Services Branch, Saskatchewan Health
Analysis/Interpretation: A growth in the number of concerns reported does not necessarily reflect a growth in the number of problems in the health system (see Patient Satisfaction indicator under Goal 1, Objective 4). A growth is more likely a result of increasing efforts to raise awareness that health regions have a Quality of Care Coordinator to whom individuals can turn to address concerns. Saskatchewan Health works closely with health regions to ensure that concerns of clients are communicated to the department. Through the Quality of Care Coordinator initiative, Saskatchewan Health aims to create a more transparent, client-focused health care system.

Each health region has a Quality of Care Coordinator or a Client Representative to: (1) Assist individuals and families with concerns or questions about health services in their region; (2) ensure individuals are informed of their rights and options; and (3) recommend changes and improvement to enhance the quality of health services delivered in the region, based on their findings and trends of concerns raised. There are also two Provincial Quality of Care Coordinators who act as a resource to the coordinators and assist with more in-depth reviews of concerns. For more information on this initiative, visit the following Web site: www.health.gov.sk.ca/ph_br_ae_qual_of_care.html.

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal mechanism exists to respond to their concerns. Saskatchewan Health requires partnerships with health regions to ensure that reports of client concerns are accurately recorded and relayed to the department.

2005-06 Performance Results

Percentage of concerns received by Quality of Care Coordinators that are concluded within 30 days

Quality of Care Coordinators were able to maintain a rate of at least 89 per cent in terms of resolving client concerns within 30 days in 2004-05. This is the highest percentage of concerns resolved within 30 days since the inception of the program in 1998-99.

Year	Percentage of Concerns Resolved Within 30 Days
1998-99	84
1999-00	83
2000-01	82
2001-02	85
2002-03	82
2003-04	87
2004-05	89

[2004-05; latest available data]

Data Source: Acute & Emergency Services Branch, Saskatchewan Health
Calculation:
Numerator: Number of concerns resolved within 30 days
Denominator: Total number of concerns reported to Quality of Care Co-ordinators
Calculation: (numerator/denominator) x 100
Analysis/Interpretation: Through the Quality of Care Coordinators Initiative, Saskatchewan Health aims to create a more transparent, client-focused health care system.

Each health region has a Quality of Care Coordinator or a Client Representative to: (1) Assist individuals and families with concerns or questions about health services in their region; (2) ensure individuals are informed of their rights and options; and (3) recommend changes and improvements to enhance the quality of health services delivered in the region, based on their findings and trends of concerns raised. There are also two Provincial Quality of Care Coordinators who act as a resource to the coordinators and assist with more in-depth reviews of concerns. For more information on this initiative, visit the following Web site: www.health.gov.sk.ca/ph_br_ae_qual_of_care.html.

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal mechanism exists to respond to their concerns. Saskatchewan Health requires partnerships with health regions to ensure that reports of client concerns are accurately recorded and relayed to the department.

2005-06 Performance Results

Objective 2: Appropriate governance, accountability and management for the health sector

Strong leadership and effective planning in health care must be consistent across the province. Saskatchewan Health continues to work with regional health authorities to create a strong accountability relationship that includes strong governance, more co-ordinated planning and reporting, and strengthened fiscal management.

Key Actions: Results

Work with our partners in the health sector, to develop and implement financial, management and technical efficiency reviews in order to improve productivity, timeliness of care, health outcomes, and overall satisfaction with the health system.

The department, through Regional Accountability Branch and external consulting firms, conducted four financial and management reviews. Three were completed prior to March 31, 2006 and the fourth will be concluded by September 2006. Deloitte Inc. performed the reviews in Kelsey Trail health region, Sunrise health region and with Crestvue Ambulance Service. TkMC carried out the review of the Saskatoon Health Region.

The recommendations from the three completed reviews were accepted by the department and implemented to the greatest extent possible. The recommendations generally dealt with improving processes, analysis of operating efficiencies and communication between the health regions and Saskatchewan Health.

The department also concluded reviews of the Provincial Home Care program and the opearational review of the Saskatchewan Cancer Agency. This review was conducted in two phases. The draft report and recommendations were presented to the Saskatchewan Cancer Agency Review Steering Committee in February 2006.

Develop common staff scheduling solutions for larger facilities in regional health authorities.

Effective use of human resources is a key issue for the sector, and the issues of escalating staff overtime, sick leave costs and time collisions have resulted in the need for a common staff scheduling solution. In 2005-06, commitment was received by the regions to participate in this project to develop common staff scheduling. Led by SAHO, work is now underway with the regions to define the requirements and plan the solution.

Measurement Results

Percentage of regional health authority operational plans meeting standards

Since a quantitative tool to assess whether or not plans are meeting standards has not yet been established, measurement of this area is not well defined. However, all health regions submitted comprehensive operational plans according to the guidelines established by Saskatchewan Health.

Planning Guidelines indicated that the operational plan is to be prepared at a status quo service level then identifying changes required to balance within the target provided. Two regions (16.6 per cent) did not fully comply with the requirements to provide plans for changes that would be sufficient to balance their 2006-07 operations.

2005-06 Performance Results

Risks exist, including health regions not meeting timelines for submitting operational plans. Performance on this measure depends on the cooperation of health regions.

Data Source: Regional Accountability Branch, Saskatchewan Health

Objective 3: Sustain publicly funded and publicly administered Medicare

Saskatchewan Health continues to provide leadership in promoting health quality and innovation in the provision of health care. We continue to introduce a range of initiatives to ensure evidence-based decisions lead to continuous improvement in the delivery of quality health services.

Key Actions: Results

Continue to work with partners in the health sector to implement cost-effective approaches to health care.

Last year, Saskatchewan Health established a $1 million Technical Efficiency Fund (TEF) conduct technical efficiency reviews within the health system. This funding represents a portion of the incremental federal funding of $66 million provided to Saskatchewan Health as a result of the 2004 First Ministers' Meeting. The TEF's goals are to identify those areas of health system delivery that could benefit from the application of one or more approaches to improve productivity, timeliness of care and health outcomes, and overall patient and provider satisfaction. As of March 2006, four projects have been approved for funding through the Technical Efficiency Fund (TEF).
They are:

- Emergency Department Process Optimization Project (Partners - Regina Qu'Appelle and Saskatoon Regional Health Authorities, and the Health Quality Council);
- Speech Language Pathology (SLP) & Early Childhood Psychology (ECP) Services Efficiency Optimization Project (Partners - Prairie North Regional Health Authority and the Health Quality Council);
- Going Lean in the Five Hills Health Region - In Pursuit of Excellence (Parnters - Five Hills Regional Health Authority and the Health Quality Council); and
- Developing a Multi-Regional Strategy to Understand and Improve Access and Patient Flow (South Saskatchewan Project - Regina Qu'Appelle, Cypress, Five Hills, Sun Country, and Sunrise Regional Health Authorities, and the Health Quality Council).

Implement strategies to engage the public and health providers to increase knowledge of the health sector including what we do, what we do well, and the financial challenges we face.

Throughout 2005-06, Saskatchewan Health's communications with the media, public and healthcare partners have consistently emphasized the nature and scope of health services available in Saskatchewan, progress and successes in enhancing those services, and the need to manage the health system within available financial resources. Sustainability and the challenge of increasing demand for services are frequent themes in news releases, consultations and public addresses by the Minister of Health and Minister of Healthy Living Services.

2005-06 Performance Results

Measurement Results

Measurement under development

Public health spending as a proportion of Gross Domestic Product (GDP) has been used as an indicator in the past, but has since been dropped. It provides little meaningful information regarding the sustainability of a publicly-funded and publicly-administered health care system. Further, there are no clear benchmarks to assess what level of spending would be desirable.

2005-06 Financial Results

2005-06 Financial Results

In order to ensure that we remain fully accountable to the government and to the people of this province, we need to manage the following risks and challenges, making sure:

- available funding goes to the highest priority needs;
- we get value for the money we provide;
- we comply with existing legislation and regulations;
- the proper controls are in place to ensure the safety of the assets of the department; and
- we appropriately report results to the public, the legislature, and our partners in the health system.

There are a number of ways we do this. These include:

- Audited results - The Provincial Auditor's Office has legislative responsibility to audit Saskatchewan Health and to publish the results.
- Accountability to Legislature - Saskatchewan Health, like all government departments, is required to appear before the Public Accounts Committee of the Legislature. Also, the annual health budget is published in the Budget Estimates, spending is detailed in the Public Accounts, and the Minister of Health and the Minister of Healthy Living Services appear before the Legislature's Committee of Finance.
- Public reporting - This annual report is one of the many reports published each year by Saskatchewan Health. Each report provides an important link in the provincial accountability framework.
- Comparative reporting - All provinces made a commitment in September 2000 to prepare public reports on the performance of their health systems.
- Third-party agencies' accountability - The vast majority of health services that Saskatchewan people depend on are delivered through third parties such as the regional health authorities. As such, appropriate controls must be in place to ensure accountability for government funding directed to these agencies. Saskatchewan Health uses service agreements, audited financial statements and required reporting of results from these agencies to meet this goal.

Saskatchewan Health believes these measures ensure the appropriate and effective use of health dollars and provide accountability to the people of Saskatchewan.

Comparison of Actual Expenditure to Estimates

		2005-06 Estimates* $000s	2005-06 Actuals $000s	Variance $000s **	
Operating Expenses					
Central Management and Services		13,104	13,660	556	
Regional Health Services					
	Athabasca Health Authority Inc.	3,863	4,100	237	
	Cypress Regional Health Authority	69,890	74,490	4,600	(1)
	Five Hills Regional Health Authority	83,017	87,941	4,924	(1)
	Heartland Regional Health Authority	55,785	58,683	2,898	(1)
	Keewatin Yatthe Regional Health Authority	16,041	16,309	268	
	Kelsey Trail Regional Health Authority	64,602	68,521	3,919	(1)
	Mamawetan Churchill River Regional Health Authority	14,371	14,756	385	
	Prairie North Regional Health Authority	110,968	115,965	4,997	(1)
	Prince Albert Parkland Regional Health Authority	106,247	111,038	4,791	(1)
	Regina Qu'Appelle Regional Health Authority	508,696	531,687	22,991	(1)
	Saskatoon Regional Health Authority	551,766	582,797	31,031	(1)
	Sun Country Regional Health Authority	83,570	87,236	3,666	(1)
	Sunrise Regional Health Authority	115,819	122,229	6,410	(1)
	Regional Targeted Programs and Services	44,378	33,798	(10,580)	(2)
	Saskatchewan Cancer Agency	62,840	67,464	4,624	(3)
	Facilities - Capital	36,500	37,000	500	
	Equipment - Capital	20,200	23,200	3,000	(4)
	Regional Programs Support	15,508	21,933	6,425	(5)
	Subtotal	**1,964,061**	**2,059,147**	**95,086**	
Provincial Health Services					
	Canadian Blood Services	40,680	39,100	(1,580)	
	Provincial Targeted Programs and Services	27,381	28,762	1,381	(6)
	Provincial Laboratory	12,763	13,016	253	
	Health Research	5,933	5,933	-	
	Health Quality Council	5,000	5,005	5	
	Immunizations	9,408	11,100	1,692	(6)
	Saskatchewan Health Information Network	13,980	13,980	-	
	Provincial Programs Support	12,037	12,283	246	
	Subtotal	**127,182**	**129,179**	**1,997**	
Medical Services & Medical Education Programs					
	Medical Services - Fee-for-Service	362,442	363,435	993	
	Medical Services - Non-Fee-for-Service	67,740	64,519	(3,221)	(7)
	Medical Education System	25,169	22,381	(2,788)	(7)
	Chiropractic Services	8,040	8,908	868	(8)
	Optometric Services	3,564	3,918	354	
	Dental Services	1,605	1,573	(32)	
	Out-of-Province	68,623	80,614	11,991	(9)
	Program Support	4,099	3,899	(200)	
	Subtotal	**541,282**	**549,247**	**7,965**	
Drug Plan & Extended Benefits					
	Saskatchewan Prescription Drug Plan	187,131	184,020	(3,111)	(7)
	Saskatchewan Aids to Independent Living	27,932	25,712	(2,220)	(7)
	Supplementary Health Program	14,048	14,751	703	(8)
	Family Health Benefits	5,557	4,443	(1,114)	(7)
	Multi-Provincial Human Immunodeficiency Virus Assistance	230	230		
	Program Support	3,278	3,096	(182)	
	Subtotal	**238,176**	**232,252**	**(5,924)**	
Early Childhood Development		8,712	8,617	(95)	
Provincial Laboratory Infrastructure Project		1,249	615	(634)	(10)
TOTAL APPROPRIATION		**2,893,766**	**2,992,717**	**98,951**	
Supplementary Estimates and Special Warrant		**117,387**			
REVISED APPROPRIATION		**3,011,153**	**2,992,717**	**(18,436)**	
Capital Asset Acquisition		(1,724)	(1,095)	629	(10)
Capital Asset Amortization		757	(997)	(1,754)	(11)
REVISED TOTAL EXPENSE		**3,010,186**	**2,990,625**	**(19,561)**	
FTE STAFF COMPLEMENT		**666.7**	**629.8**	**(36.9)**	

* Excludes Supplementary Estimates, November 2005

**See below for explanations of significant v
$2,900,000 (0.1% of total department expense)

Explanations for significant variances are primarily the result of:

(1) Increased expenditures mainly as a result of collective bargaining and joint job evaluation.
(2) Expenditures paid in other program areas (mainly Primary Health Care National Awareness Strategy).
(3) Increased expenditures as a result of collective bargaining and the addition of drug coverage for Herceptin.
(4) Increased expenditures for equipment purchases.
(5) Increased expenditures budgeted in other program areas (mainly Primary Health Care National Awareness Strategy).
(6) Increased costs offset by corresponding revenue or savings in other sub-programs.
(7) Decreased program utilization and one-time savings.
(8) Increased program utilization.
(9) Increased program utilization and rate increases.
(10) Project progress slower than anticipated.
(11) Changes in vaccine inventory.

Comparison of Actual Revenue to Estimates

	2005-06 Estimates $000s	2005-06 Actuals $000s	Variance $000s **	
Other Own-source Revenue				
Interest, premium, discount and exchange	43	108	65	
Licenses and Permits	139	121	(18)	
Sales, services and service fees	5,113	6,112	999	
Other	384	7,013	6,629	(1)
Total	5,679	13,354	7,675	
Transfers from the Federal Government	14,965	14,904	(61)	
TOTAL REVENUE	**20,644**	**28,258**	**7,614**	

** See below for explanations of significant variances between 2005-06 estimates and 2005-06 actuals that are greater than $1,000,000.

Explanations for significant variances are primarily the result of:

(1) Increases in revenue offset by increases in expenditures and other refunds from previous years' expenditures.

The Department collects revenue relating to various health-related Federal Government initiatives and fees on behalf of Government. Federal transfers include Primary Health Care initiatives, air ambulance, Youth Criminal Justice Act implementation, alcohol and drug rehabilitation and employment assistance for persons with disabilities. Revenue is also received for such items as Vital Statistics services, Personal Care Home licenses and water testing. All revenue collected is deposited into the General Revenue Fund.

2005-06 Actual Capital Expenditure

Capital Projects

Regional Health Authority	Community/Facility	Project Description	2005-06 Actual Expenditure
Athabasca	Uranium City	Nurse's Residence & Health Centre	60,000
Athabasca	Uranium City	Hospital Demolition SPM Fees	25,840.30
Cypress	Swift Current	Cypress Regional Hospital	16,800,000
Cypress	Herbert	Herbert Health Services Complex	115,000
Cypress	Shaunavon	Health Centre Demolition	135,000
Heartland	Outlook	Addition to Pioneer Home	1,500,000
Keewatin Yatthe	Ile a la Crosse	Integrated Facility	6,100,000
PA Parkland	Victoria Hospital	Block Funding	500,000
Prairie North	Maidstone	Integrated Facility	3,800,000
Regina Qu'Appelle	Moosomin	Integrated Facility	2,500,000
	Regina	Block Funding	867,000
Saskatoon	Humboldt	Hospital Replacement	200,000
	Saskatoon	Mental Health In-patient	2,000,000
	Saskatoon	LTC Addition to Oliver Lodge	400,000
	Saskatoon	Block Funding	867,000
Sun Country	Weyburn	Tatagwa View Long Term Care Facility	40,000
Sunrise	Preeceville	Integrated Facility	700,000
Saskatchewan Cancer Agency	Saskatoon	Roof Replacement over Linac	390,000
		Underspent due to rounding	160
Capital Facilities Total			**37,000,000**

Note

Block Funding is provided to regional health authorities to support ongoing upgrades to infrastructure in various facilities within the region.

2005-06 Actual Capital Expenditure

Capital Equipment

Regional Health Authority	Medical Technology Fund	Incremental Funding	Diagnostic Imaging	2005-06 Actual Total Expenditure
Athabasca	35,000			35,000
Cypress	450,000	150,000		600,000
Five Hills	630,000	150,000	200,000	980,000
Heartland	280,000	50,000	150,000	480,000
Keewatin	110,000	25,000		135,000
Keslsey Trail	350,000	50,000	150,000	550,000
Mamawetan	110,000	25,000		135,000
Prairie North	700,000	150,000		850,000
PA Parkland	800,000	200,000		1,000,000
Regina Qu'Appelle	5,150,000	900,000	1,000,000	7,050,000
Saskatoon	5,890,000	900,000	2,290,000	9,080,000
Sun Country	440,000	50,000	60,000	550,000
Sunrise	815,000	150,000	150,000	1,115,000
Provincial Lab	440,000	200,000		640,000
Total Capital Equipment:	**16,200,000**	**3,000,000**	**4,000,000**	**23,200,000**

Medical Technology Fund - Funding in support of ongoing equipment replacement.
Incremental Funding - Additional funding in support of ongoing equipment replacement.
Diagnostic Imaging - Funding in support of the provincial diagnostic imaging strategy.

2005-06 Guaranteed Debt

i.	Beginning Balance	38
ii.	Additions to Guaranteed Debt	0
iii.	Reductions to Guaranteed Debt	(3)
iv.	**Ending Balance (i+ii+iii)**	**35**

Guarantee Details

Guarantees arose in the 1958-65 period when CMHC, as a condition of providing mortgage financing for special-care home bed facilities construction, required that loans be guaranteed by the Province. In 1965, amendments to federal legislation enabled mortgages to be financed by the bank with CMHC acting as the insurer without a guarantee by the Province. At March 31, 2006, there was 1 outstanding mortgage totalling $35 thousand.

The mortgages have amortization periods of 40 to 50 years and are all scheduled to be retired by 2015.

No new guarantees have been provided by the Province since 1965.

Regional Health Authorities' Statement of Operations

STATEMENT OF OPERATIONS	Cypress	Five Hills	Heartland	Keewatin	Kelsey Trail	Mamawetan
Operating Revenues:						
Saskatchewan Health - General Revenue Fund	76,753,324	90,155,000	58,476,256	17,075,154	68,882,000	15,983,000
Other Government Jurisdiction Revenue	223,633	442,000	125,008	90,200	298,000	343,000
Out-of-Province/Third Party Reimbursements	8,670,477	5,135,000	9,763,348	1,264,716	8,122,000	533,000
Donations	62,389	54,000	54,549	-	28,000	-
Investment Income	232,607	364,000	248,453	27,231	178,000	49,000
Ancillary Operations	-	147,000	-	1,984,652	448,000	129,000
Other	159,193	767,000	281,020	272,345	709,000	260,000
Total Operating Revenue	**96,101,623**	**97,064,000**	**68,948,634**	**20,714,298**	**78,665,000**	**17,297,000**
Operating Expenses:						
Province Wide Acute Care Services	672,845	976,000	46,877	48,144	528,000	127,000
Acute Services	26,676,347	35,958,000	14,318,920	6,361,488	26,911,000	5,068,000
Physician Compensation	5,851,812	3,885,000	328,728	-	1,031,000	33,000
Supportive Care Services	29,031,362	30,298,000	32,168,103	970,587	28,314,000	460,000
Home Based Service - Supportive Care	5,178,970	5,473,000	5,361,848	-	4,788,000	156,000
Population Health Services	1,802,007	2,816,000	2,430,714	2,151,422	2,348,000	2,366,000
Community Care Services	3,813,790	4,612,000	2,840,649	1,270,486	3,433,000	1,948,000
Home Based Services - Acute & Palliative	610,514	947,000	566,015	949,364	435,000	851,000
Primary Health Care Services	3,310,270	1,178,000	3,267,989	2,115,596	2,221,000	2,843,000
Emergency Response Services	2,731,705	2,151,000	2,895,448	1,470,929	2,399,000	681,000
Mental Health Services - Inpatient	1,050,890	1,899,000	-	-	-	-
Addiction Services - Residential	-	722,000	434,252	667,702	-	262,000
Physician Compensation	796,772	1,611,000	285,130	653,766	1,674,000	572,000
Program Support Services	4,012,067	3,247,000	3,106,901	2,201,319	3,919,000	1,603,000
Special Funded Programs	106,061	746,000	21,350	225,193	565,000	262,000
Ancillary	149,998	133,000	-	1,854,367	-	14,000
Total Operating Expenses	**85,795,410**	**96,652,000**	**68,072,924**	**20,940,383**	**78,566,000**	**17,246,000**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**306,213**	**412,000**	**875,710**	**(226,085)**	**99,000**	**51,000**
Operating Fund Balance - Beginning of the year	(885,734)	1,228,000	125,143	474,946	(1,039,000)	(332,000)
Interfund Transfers	(146,777)	(412,000)	(341,846)	-	(101,000)	-
Equity Adjustments	-	-	-	-	-	-
Total Adjustments to Equity	(146,777)	(412,000)	(341,846)	-	(101,000)	-
Operating Fund Balance - End of Year	(726,298)	1,228,000	659,007	248,881	(1,041,000)	(281,000)
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	7,162,304	10,586,000	7,378,625	814,536	4,462,000	1,284,000
Accounts Receivable:						
Saskatchewan Health	2,786,553	2,745,000	2,264,396	514,498	2,101,000	486,000
Other	1,433,183	754,000	773,800	1,612,865	885,000	1,432,000
Inventory	865,703	786,000	1,085,602	593,747	422,000	227,000
Prepaid Expenses	276,535	859,000	306,116	57,047	639,000	72,000
Investments	214,650	74,000	1,235,072	23,867	32,000	-
Restricted Assets	-	-	-	-	-	-
Other	-	-	-	-	29,000	-
Total Operating Assets	**12,738,928**	**15,804,000**	**13,043,611**	**3,616,560**	**8,570,000**	**3,501,000**
Liabilities and Operating Fund Balance:						
Accounts Payable	3,318,947	4,646,000	2,272,506	837,766	293,000	928,000
Bank Indebtedness	-	-	-	-	-	-
Accrued Liabilities	9,202,006	7,726,000	8,435,176	1,592,905	8,932,000	1,340,000
Deferred Revenue	944,273	2,204,000	1,676,922	937,008	385,000	1,514,000
Total Liabilities	13,465,226	14,576,000	12,384,604	3,367,679	9,610,000	3,782,000
Externally Restricted	110,988	-	-	-	-	-
Internally Restricted	362,782	57,000	-	-	-	-
Unrestricted	(1,200,068)	1,171,000	659,007	248,881	(1,041,000)	(281,000)
Operating Fund Balance	(726,298)	1,228,000	659,007	248,881	(1,041,000)	(281,000)
Total Liabilities and Operating Fund Balance	**12,738,928**	**15,804,000**	**13,043,611**	**3,616,560**	**8,569,000**	**3,501,000**

Regional Health Authorities' Statement of Operations

STATEMENT OF OPERATIONS	Prairie North	PA Parkland	Regina	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	118,352,000	113,305,000	545,443,000	598,250,000	87,626,000	123,184,439	1,913,485,173
Other Government Jurisdiction Revenue	17,642,000	1,441,000	9,397,000	10,489,000	363,000	411,428	41,265,269
Out-of-Province/Third Party Reimbursements	13,234,000	8,692,000	25,710,000	22,814,000	11,136,000	17,067,594	132,142,135
Donations	188,000	48,000	397,000	-	139,000	107,743	1,078,681
Investment Income	493,000	49,000	146,000	353,000	123,000	52,751	2,316,042
Ancillary Operations	127,000	1,001,000	3,730,000	11,170,000	-	38,774	18,775,426
Other	2,543,000	730,000	10,467,000	3,159,000	363,000	1,489,856	21,200,414
Total Operating Revenue	**152,579,000**	**125,266,000**	**595,290,000**	**646,235,000**	**99,750,000**	**142,352,585**	**2,130,263,140**
Operating Expenses							
Province Wide Acute Care Services	16,359,000	1,611,000	46,363,000	37,384,000	-	1,379,340	105,495,206
Acute Services	50,601,000	49,322,000	286,134,000	335,283,000	23,349,000	51,004,239	910,986,994
Physician Compensation	5,584,000	8,222,000	41,614,000	36,664,000	592,000	3,624,874	107,430,414
Supportive Care Services	37,966,000	32,212,000	101,805,000	102,279,000	44,823,000	51,423,996	491,751,048
Home Based Service - Supportive Care	5,888,000	6,259,000	16,458,000	21,908,000	6,600,000	7,351,562	85,422,380
Population Health Services	4,116,000	4,046,000	14,649,000	15,599,000	3,655,000	3,552,645	59,531,788
Community Care Services	7,401,000	7,685,000	17,381,000	23,017,000	4,859,000	6,109,979	84,370,904
Home Based Services - Acute & Palliative	1,014,000	1,923,000	6,890,000	3,916,000	938,000	1,577,810	20,617,703
Primary Health Care Services	4,727,000	1,079,000	6,911,000	5,112,000	2,756,000	1,159,595	36,680,450
Emergency Response Services	3,990,000	2,462,000	9,250,000	5,590,000	3,600,000	3,850,156	41,071,238
Mental Health Services - Inpatient	1,747,000	3,683,000	8,145,000	5,966,000	1,656,000	1,661,231	25,808,121
Addiction Services - Residential	658,000	1,000	-	1,500,000	-	-	4,244,954
Physician Compensation	1,987,000	1,155,000	3,594,000	1,788,000	2,307,000	1,384,305	17,807,973
Program Support Services	6,783,000	5,795,000	29,131,000	33,455,000	4,362,000	6,027,996	103,643,283
Special Funded Programs	2,277,000	702,000	4,241,000	6,176,000	150,000	1,336,598	16,808,202
Ancillary	147,000	616,000	788,000	5,596,000	-	767,157	10,065,522
Total Operating Expenses	**151,245,000**	**126,773,000**	**593,354,000**	**641,233,000**	**99,647,000**	**142,211,483**	**2,121,736,180**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**1,334,000**	**(1,507,000)**	**1,936,000**	**5,002,000**	**103,000**	**141,102**	**8,526,960**
Operating Fund Balance - Beginning of the year	(179,000)	(6,780,000)	(55,622,000)	(26,886,000)	(4,457,000)	(23,173,399)	(117,526,044)
Interfund Transfers	(472,000)	80,000	(94,000)	(586,000)	(903,000)	(291,092)	(3,267,715)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(472,000)	80,000	(94,000)	(586,000)	(903,000)	(291,092)	(3,267,715)
Operating Fund Balance - End of Year	683,000	(8,207,000)	(53,780,000)	(22,470,000)	(5,257,000)	(23,323,389)	(112,266,799)
STATEMENT OF FINANCIAL POSITION							
Operating Assets							
Cash and Short-term Investments	13,144,000	1,819,000	113,000	39,434,000	1,799,000	169,406	88,165,871
Accounts Receivable							
Saskatchewan Health	3,859,000	4,233,000	15,276,000	16,571,000	3,119,000	3,898,489	57,853,936
Other	2,696,000	2,592,000	17,016,000	14,700,000	788,000	2,252,943	46,935,791
Inventory	1,373,000	833,000	3,787,000	5,485,000	765,000	1,315,393	17,538,445
Prepaid Expenses	1,273,000	267,000	3,329,000	1,408,000	516,000	670,870	9,673,568
Investments	1,338,000	-	227,000	-	1,010,000	584,920	4,739,509
Restricted Assets	-	-	-	-	-	-	-
Other	-	-	-	-	94,000	-	123,000
Total Operating Assets	**23,683,000**	**9,744,000**	**39,748,000**	**77,598,000**	**8,091,000**	**8,892,021**	**225,030,120**
Liabilities and Operating Fund Balance							
Accounts Payable	5,563,000	5,023,000	16,021,000	32,020,000	1,388,000	2,906,291	75,217,510
Bank Indebtedness	-	-	12,493,000	-	-	10,781,598	23,274,598
Accrued Liabilities	15,897,000	12,237,000	58,527,000	59,768,000	11,221,000	17,639,957	212,518,044
Deferred Revenue	1,540,000	691,000	6,487,000	8,280,000	739,000	887,564	26,285,767
Total Liabilities	23,000,000	17,951,000	93,528,000	100,068,000	13,348,000	32,215,410	337,295,919
Externally Restricted	-	-	-	-	738,000	-	848,988
Internally Restricted	312,000	-	-	-	162,000	66,828	960,610
Unrestricted	371,000	(8,207,000)	(53,780,000)	(22,470,000)	(6,157,000)	(23,390,217)	(114,076,397)
Operating Fund Balance	**683,000**	**(8,207,000)**	**(53,780,000)**	**(22,470,000)**	**(5,257,000)**	**(23,323,389)**	**(112,266,799)**
Total Liabilities and Operating Fund Balance	**23,683,000**	**9,744,000**	**39,748,000**	**77,598,000**	**8,091,000**	**8,892,021**	**225,029,120**

2006-07 Budget Overview

	Estimates $000s
Central Management and Services	14,981
Regional Health Services	2,172,733
Provincial Health Services	143,717
Medical Services and Medical Education Programs	579,995
Drug Plan and Extended Benefits	257,863
Early Childhood Development	9,013
Provincial Laboratory Infrastructure Project	11,096
Total Appropriation	3,189,398
Capital Asset Acquisition	(11,621)
Capital Asset Amortization	806
Total Expense	**3,178,583**

Approximately 90% of the 2006-07 budget will be provided to third parties (e.g. Regional Health Authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be transferred for the Saskatchewan Prescription Drug Plan and extended benefit programs.

For More Information

Detailed information about Saskatchewan Health's programs and services is available on the web site **www.health.gov.sk.ca**

Specific contact information is also available for a variety of health services in Appendix 6: Saskatchewan Directory of Services. Further inquiries can be made to Saskatchewan Health at **webmaster@health.gov.sk.ca**

Comments on the 2005-06 performance plans can also be directed to the Webmaster.

Appendices

Appendix 1: Summary of Saskatchewan Health Legislation

The Ambulance Act
- Regulates emergency medical service personnel and the licensing and operation of ambulance services.

The Cancer Foundation Act
- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Foundation and its responsibility to provide cancer related services.

The Change of Name Act, 1995
- Administers the registration of legal name changes for residents of Saskatchewan.

The Chiropody Profession Act
- Regulates the profession of chiropody/podiatry but will be repealed once The Podiatry Act is proclaimed in force.

The Chiropractic Act, 1994
- Regulates the chiropractic profession.

The Dental Care Act
- Governs the department's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act
- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act
- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Dietitians Act
- Regulates dietitians in the province.

The Emergency Medical Aid Act
- Provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

The Health Districts Act
- Most of the provisions within this Act have been repealed with the proclamation of most sections of The Regional Health Services Act. Provisions have been incorporated with regard to payments by amalgamated corporations to municipalities.

The Health Facilities Licensing Act
- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

The Health Information Protection Act
- Protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

Appendix 1: Summary of Saskatchewan Health Legislation

The Health Quality Council Act
- Governs the Health Quality Council which is an independent, knowledgeable voice that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

The Hearing Aid Act
- Governed the Department-run hearing aid and audiology program. However, since this program is now run by the regional health authorities, it no longer has any application.

The Hearing Aid Sales and Services Act
- Regulates private businesses involved in the testing of hearing and the selling of hearing aids.

The Hospital Standards Act
- Provides the standards to be met for services delivered in hospitals.

The Housing and Special-care Homes Act
- Regulates the establishment and operations of special-care homes (long term care facilities) in the province.

The Human Tissue Gift Act
- Regulates organ donations in the province.

The Licensed Practical Nurses Act, 2000
- Regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act
- Ensures premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

The Medical Laboratory Licensing Act, 1994
- Governs the operation of medical laboratories in the province.

The Medical Laboratory Technologists Act
- Regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981
- Regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act
- Regulates the profession of medical radiation technology.

The Mental Health Services Act
- Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

The Midwifery Act (not yet proclaimed)
- Will regulate midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act
- Sets out the authority for community clinics to operate in Saskatchewan.

Appendix 1: Summary of Saskatchewan Health Legislation

The Naturopathy Act
- Regulates naturopathic physicians in Saskatchewan.

The Occupational Therapists Act, 1997
- Regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act
- Regulates opticians in the province.

The Optometry Act, 1985
- Regulates the profession of optometry.

The Personal Care Homes Act
- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996
- Regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998
- Regulates the profession of physical therapy.

The Podiatry Act
- Regulates the podiatry profession.

The Prescription Drugs Act
- Provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

The Prostate Cancer Awareness Month Act
- Raises awareness of prostate cancer in Saskatchewan.

The Psychologists Act, 1997
- Regulates psychologists in Saskatchewan.

The Public Health Act
- Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

The Public Health Act, 1994
- Provides authority for the establishment of public health standards, such as public health inspection of food services.

The Regional Health Services Act
- Addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal The Health Districts Act, The Hospital Standards Act and The Housing and Special-care Homes Act.

The Registered Nurses Act, 1988
- Regulates registered nurses in Saskatchewan.

Appendix 1: Summary of Saskatchewan Health Legislation

The Registered Psychiatric Nurses Act
- Regulates the profession of registered psychiatric nursing.

The Saskatchewan Health Research Foundation Act
- Governs the Saskatchewan Health Research Foundation, which designs, implements, manages and evaluates funding programs to support a balanced array of health research in the province of Saskatchewan.

The Saskatchewan Medical Care Insurance Act
- Provides the authority for the province's medical care insurance program and payments to physicians.

The Senior Citizens' Heritage Program Act
- Provides the authority for an obsolete low-income senior citizens program.

The Speech-Language Pathologists and Audiologists Act
- Regulates speech-language pathologists and audiologists in the province.

The Tobacco Control Act
- Controls the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

The Vital Statistics Act, 1995
- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

The White Cane Act
- Sets out the province's responsibilities with respect to services for the visually impaired.

The Youth Drug Detoxification and Stabilization Act
- Provides authority to detain youth who are suffering from severe drug addiction/abuse.

Appendix 2: Legislative Amendments

During the 2005-06 fiscal year, there were a number of Bills that received royal assent, received royal assent and came into force, or were proclaimed in force.

The Hearing Aid Sales and Services Act
The Hearing Aid Sales and Services Act addresses both health and consumer protection. The Act requires all hearing businesses in the private sector to be licensed by Saskatchewan Health. To be licensed, the hearing aid business is required to employ qualified individuals, follow minimal standards of practice and adhere to ethical marketing and business practices. The Act gives Saskatchewan Health regulatory powers to investigate complaints from consumers and to take action against the business, if warranted. The Act received Royal assent on June 28, 2001. The Regulations were approved by The Lieutenant Governnor on January 17, 2006. The Act came into force on March 10, 2006.

The Medical Profession Amendment Act, 2004
The amendments provide administrative bylaw making authority prescribing the number of electoral divisions and boundaries, the procedures for election of members and the number and terms of office of elected members of the council. In addition, housekeeping amendments allow for the appointment of more than one deputy registrar and to allow the deputy registrar to act in the absence of the registrar, allow medical graduates to be included on the education register if undergoing an assessment for licensure and repeal some transitional provisions that were included at the time the Act was enacted in 1981 but which are no longer required. The Act came into force on July 18, 2005.

The Osteopathic Practice Repeal Act
This Act repeals The Osteopathic Practice Act. The Act came into force on May 27, 2005.

The Regional Health Services Act – Several Sections
Provisions pertaining to the medical staff appeal process and facility designation in The Regional Health Services Act, including section 45, clause 97(2) (b), subsections 99(2), 99 (10) and 100(2), sections 101 to 104 and 106 to 109, clause 110(a), section 111, subsection 114(3), and sections 116, 118, 119, 121 and 122 were proclaimed on December 16, 2005.

The Tobacco Control Act Amendment Act, 2004 – Subsection 9(2)
The Regional Health Services Act contains provisions for the minister to designate all or part of a facility owned by a regional health authority or a health care organization to one of the categories of facilities established under the regulations. Pursuant to section 10 of the Act, The Facility Designation Regulations are established and came into force upon proclamation of the Act pertaining to facility designation.

The Tobacco Control Amendment Act, 2004 provides that provisions pertaining to facility designation in the Act come into force upon proclamation. This includes subsection 9(2) which contains provisions pertaining to facilities designated as special-care homes pursuant to The Regional Health Services Act.

Concurrent with the proclamation of those provisions in The Regional Health Services Act pertaining to facility designation, subsection 9(2) of The Tobacco Control Amendment Act, 2004 needs to be proclaimed in force. This subsection came into force on December 16, 2005.

The Vital Statistics Amendment Act, 2004 (French and English)
Amendments were passed that will remove the birth mother's ability to choose not to acknowledge a child's birth father when registering the birth of a child and will remove the option for a birth mother to apply to amend the parental particulars of a child's birth registration without the father's consent because the father was unacknowledged. These changes are consistent with the Supreme Court of Canada's

Appendix 2: Legislative Amendments

decision in Trociuk v. Attorney General for British Columbia. The Act came into force on September 1, 2005.

The Youth Drug Detoxification and Stabilization Act
Provides authority to detain youth who are suffering from severe drug addiction/abuse and to provide for the youth's detoxification and stabilization. A police officer may apprehend a youth without a warrant and take the youth to be examined by a physician if the youth is at risk of serious harm or immediate danger to himself, herself or others. The Act came into force on April 1, 2006.

Legislation before the Legislative Assembly in Spring 2005 and received Royal Assent in the 2006-07 Fiscal Year

The Respiratory Therapists Act – May 19, 2006
The Medical Radiation Technologists Act, 2006 – May 19, 2006
The Regional Health Services Amendment Act, 2006 – May 19, 2006
The Cancer Agency Act – May 19, 2006

Appendix 3: Regulatory Amendments 2005-06

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2005 The regulations were amended to provide authority for the payment of insured physician and chiropractic services based on an amended payment schedule effective April 1, 2005.

The Vital Statistics Amendment Regulations, 2005
The amendments to the regulations increased the fee for a three-year search of the indices for the registration of a live birth, stillbirth, marriage, death, adoption, change of name, or dissolution/annulment of marriage from $20 to $25. The amendment also makes the fee for a three-year search of the indices consistent with the fee for a certificate. Finally, forms accompanying the registration of marriage can now be used to register marriages solemnized between heterosexual and same sex partners.

The Prescription Drugs Amendment Regulations, 2005
The changes in these regulations will allow families receiving the Rental Housing Supplement or the Disability Housing Supplement to qualify for enhanced prescription drug benefits.

The Saskatchewan Assistance Plan Supplementary Health Benefit Amendment Regulations, 2005
The changes in these regulations will allow families receiving the Rental Housing Supplement or the Disability Housing Supplement to qualify for Family Health Benefits.

The Health Information Protection Regulations
The regulations add the Health Quality Council and hearing aid dealers as trustees of health information, designate repositories to which health information may be transferred by former trustees and specify health information the Department of Health may provide to the Health Quality Council, the Saskatchewan Cancer Agency and the Department of Learning. The latter would use the data for the purpose of administering the Student Tracking Program.

The Vital Statistics Amendment Regulations, 2005 (No. 2)
The amendments allow for the implementation of genealogical indexes of births, marriages and deaths by prescribing the information that may be included and the time that must elapse before the records may be released. The amendments are comparable with those of the other provinces that publish indexes or otherwise make the registrations accessible to the general public.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2005 (No. 2)
The amendments accommodate the new services and modernization of the physician payment schedule as one of the steps required to implement the terms of the April 1, 2003 to March 31, 2006 funding agreement between the Saskatchewan Medical Association and Saskatchewan Health.

The Department of Health Regulations
The regulations outline the objects and purposes of the Department of Health and more specifically the responsibilities and functions of the Minister of Health, the Minister of Healthy Living Services and the Minister Responsible for Seniors.

The Regional Health Services Administration Amendment Regulations, 2005
The amendments require health authorities and health care organizations to obtain general and motor vehicle liability insurance. These policies are currently required under other legislation or obtained voluntarily. The amendments also prescribe health professions whose members may become members of practitioner staff, and disclosure of information respecting remuneration and benefits paid members, officers and employees.

Appendix 3: Regulatory Amendments 2005-06

The Drug Schedules Amendment Regulations, 2005
The amendments add single-entity pseudoephedrine drugs to Schedule II (non-prescription, restricted access) of the drug schedules. They also restrict pharmacists from selling to the public more than 3600 mg of products containing single-entity pseudoephedrine in a single transaction.

The Practitioner Staff Appeals Regulations
The regulations provide for the establishment and conduct of an appeal tribunal to hear appeals from physicians aggrieved by a decision of a regional health authority or affiliate.

The Facility Designation Regulations
The regulations prescribe a classification system to be used for health care facilities, including subcategories for hospitals. Specific programs and services are assigned to each category and subcategory. The Action Plan recommended a classification strategy in 2001. The regulations are consistent with the recommendation.

The Adult and Youth Group Homes Amendment Regulations, 2005
The amendments repeal existing provisions respecting liability insurance and facility licensing. The Regional Health Services Administration Regulations and The Facility Designation Regulations replace these provisions respectively.

The Hospital Standards Amendment Regulations, 2005
The amendments repeal existing provisions respecting appeals from physicians aggrieved by a decision of a regional health authority or affiliate and relating to the classification of hospitals. The Practitioner Staff Appeals Regulations and The Facility Designation Regulations replace these provisions respectively.

The Housing and Special-care Homes Amendment Regulations, 2005
The amendments repeal existing provisions respecting special care home licensing which are to replaced by The Facility Designation Regulations.

The Hearing Aid Sales and Services Regulations
The regulations establish the processes, standards and procedures under The Hearing Aid Sales and Services Act, which was passed in 2001 and has been proclaimed in March 2006. This includes the licensing process and fees associated, the letter of credit and recourse to the letter, the requirements that the Hearing Aid Dealers must meet for licensing, the standards of practice required by Hearing Aid Dealers, the content of the sale contract and statement of cancellation rights, the advertising and marketing practises followed by the Hearing Aid Dealer and an appeal process by where the Hearing Aid Dealer can appeal decisions made against his/her business.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2006
The regulations required amendment to provide authority for the payment of insured optometric services on the basis of new agreements with the Saskatchewan Association of Optometrists. The agreement provided for a six percent increase over 34 months, a further one percent increase upon expiration of the agreements and insures the treatment of certain eye conditions by optometrists.

The Youth Drug Detoxification and Stabilization Regulations
The regulations are required to implement the secure care component of Project Hope, a strategy to address drug addiction in youth. Secure care focuses on 12 to 17 year old youth who present a risk to themselves or others and who are resistant to interventions.

Appendix 3: Regulatory Amendments 2005-06

The Youth Drug Detoxification and Stabilization (Prescribed Substances) Regulations
These regulations prescribe all substances listed in the Schedules to the Controlled Drugs and Substances Act (Canada) as "drugs" for the purposes of The Youth Drug Detoxification and Stabilization Act and The Youth Drug Detoxification and Stabilization Regulations.

Appendix 4: Hepatitis C - Federal/Provincial Undertaking Agreement

In October 2000, the Government of Canada and the Government of Saskatchewan entered an agreement to ensure that persons infected with hepatitis C through the blood system prior to January 1, 1986 and after July 1, 1990 have reasonable access to therapeutic health care services indicated for the treatment/cure of Hepatitis C.

Under the agreement, the Federal Government agreed to provide Saskatchewan an average of $270,000 per year for the 20 year period covered by the agreement to assist in funding health care services for the treatment of hepatitis C. The agreement specified that the federal payment would pay Saskatchewan: $900,000 in 2000-01; four equal yearly payments of $450,000 from 2001-02 to 2004-05, and three equal payments of $900,000 in 2005-06, 2010-11 and 2015-16 for a total of $5.4 million.

The parties agreed that the funding provided will be used for health care services indicated for the treatment of hepatitis C infection and medical conditions directly related to it, such as current and emerging antiviral drug therapies, other relevant drug therapies, immunization and nursing care.

As part of the agreement, Saskatchewan agreed to report to the public every five years, on the nature of initiatives benefiting from federal funding.

Saskatchewan has allocated the federal funding to the following:

Exception drug coverage under the Drug Plan for drugs used to treat hepatitis C.

The drugs for the treatment of hepatitis C that are available for exception drug coverage under the Drug Plan include: peginterferon alfa-2a (Pegasys); peginterferon alfa 2a/ribavirin (Pegasys RBV); peginterferon alfa-2b (Unitron PEG); peginterferon alfa 2b/ribavirin; (Pegetron) interferon alfa-2B/Ribavirin (Rebetron); interferon alfa-2a (Roferon-A) and interferon alfa-2b (Intron-A).

Roferon-A and Intron-A are also covered for the treatment of hepatitis B.

Exception drug status is available to all Saskatchewan residents infected with hepatitis C, including those infected through risk factors other than blood transfusion. As is the case with all drugs covered under exception drug status, when the attending physician determines that treatment is required, he/she makes an application to the Drug Plan and on approval the patient receives coverage in accordance with the benefits under the drug program.

Over the five-year period ending December 31, 2005, the Drug Plan paid a total of $3,323,000 for the drugs used exclusively in the treatment of hepatitis C including $812,000 in 2005.

Hepatitis A and hepatitis B immunization (introduced in 2002) for people infected with hepatitis C.

People infected with hepatitis C are at greater risk of complications if they are infected with hepatitis A or hepatitis B virus and vaccination is effective in reducing the risks. All people infected with hepatitis C are eligible for free immunization. A series of two injections is required for immunization against hepatitis A and three injections are required to immunize against hepatitis B.

From April 1, 2002 to March 31, 2005, Saskatchewan Health paid approximately $52,000 for the cost of hepatitis A and hepatitis B vaccine for people infected with hepatitis C. This does not include the nursing costs involved in administering 3,700 doses of these vaccines over the three-year period.

Appendix 4: Hepatitis C - Federal/Provincial Undertaking Agreement

Education and Support for people infected with hepatitis C

Saskatchewan Health provided the Canadian Liver Foundation (Saskatchewan Chapter) with a grant of $25,700 to provide education and support to people infected with hepatitis C. The Liver Foundation used these funds to develop information resources and to hold informational seminars in 65 locations in Saskatchewan between October 2003 and September 30, 2004.

Summary

Saskatchewan Health's expenditures for the initiatives described above total $3.4 million over the five-year period. This expenditure is in addition to other costs associated with the care and treatment of people infected with hepatitis C such as physician services, hospital care and laboratory testing.

Appendix 5: Critical Incidents

Saskatchewan continues to take the lead on patient safety initiatives in Canada. The reporting of critical incidents is one of those initiatives.

A "critical incident" is defined in the *Saskatchewan Critical Incident Reporting Guideline, 2004* as follows:

> *By "critical incident" we mean a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a regional health authority (RHA) or health care organization (HCO).*

Saskatchewan was the first province in Canada to formalize critical incident reporting.

The province has an established network of professionals in place, including the provincial Quality of Care Coordinators, regional Quality of Care Coordinators, and Surgical Care Coordinators to ensure that patients have appropriate and timely access to quality health services, and that any concerns regarding the health system or delivery of health services are taken seriously.

The provincial Quality of Care Coordinators in the Acute and Emergency Services Branch of Saskatchewan Health are responsible for collecting reported information and entering it into a database designed for ongoing monitoring and tracking of critical incidents.

During 2005-06, 162 critical incidents were reported to Saskatchewan Health. A growth in the number of reported critical incidents may be due to increased awareness of, and compliance with, the legislation and regulations. It does not necessarily indicate a growth in the number of critical incidents occurring in the health system.

Critical incidents were classified according to the following six categories described in the *Saskatchewan Critical Incident Reporting Guideline, 2004*:

Event	2004/05 (partial year - 6.5 months)	2005/06
Surgical	10 (15.9%)	11 (6.8%)
Product or Device	5 (7.9%)	13 (8.0%)
Patient Protection	3 (4.8%)	14 (8.6%)
Care Management	30 (47.6%)	89 (54.9%)
Environmental	11 (17.5%)	32 (19.9%)
Criminal	4 (6.3%)	3 (1.9%)
Total	63	162

Appendix 6: Saskatchewan Health Directory of Services

For a map of Saskatchewan's health regions visit
www.health.gov.sk.ca/ph_rha_map.html
or contact:
Communications Branch - Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6
Telephone: (306) 787-3696

Local Regional Health Authority (RHA) offices:
Cypress RHA 778-5100
Five Hills RHA 694-0296
Heartland RHA 882-4111
Keewatin Yatthé RHA 235-2220
Kelsey Trail RHA 873-3100
Mamawetan Churchill River RHA 425-2422
Prairie North RHA 446-6622
Prince Albert Parkland RHA 765-6100
Regina Qu'Appelle RHA766-5365
Saskatoon RHA655-1576
Sun Country RHA 842-8718
Sunrise RHA 786-0109
Athabasca Health Authority 439-2200
Saskatchewan Cancer Agency 585-1831

To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:
Saskatchewan Health Registration
Saskatchewan Health
1942 Hamilton Street
Regina SK S4P 3V7
Regina residents call: 787-3251
Other residents within the province may call our toll-free number at: 1-800-667-7551
As well, some forms may be available online at www.health.gov.sk.ca

For health information from a Registered Nurse 24 hours a day call:
HealthLine 1-877-800-0002

HealthLine Online: www.saskhealthlineonline.ca

Problem Gambling Help Line
1-800-306-6789

Supplementary Health Program and Family Health Benefits
Regina residents call:
- 787-3124 for Supplementary Health Benefits
- 787-4723 for Family Health Benefits

Other residents within Saskatchewan call:
- 1-800-266-0695 for Supplementary Health Benefits
- 1-877-696-7546 for Family Health Benefits

For information about the Saskatchewan Air Ambulance program:
Telephone (306) 787-1586

For Special Support applications for prescription drug costs:
Either contact your pharmacy, or:
- Regina residents call 787-3317
- Other residents within the province call toll-free 1-800-667-7581

For additional information about Saskatchewan Aids to Independent Living (SAIL)
Telephone (306) 787-7121

Out-of-province health services:
- Regina residents call 787-3475
- Other residents within the province call toll-free 1-800-667-7523

Prescription Drug inquiries:
- Regina residents call 787-3317
- Other residents within the province call toll-free 1-800-667-7581

To obtain refunds for out-of-province physician and hospital services, and drug costs, forward bills to:

Claims and Benefits
Medical Services Plan
Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6

and

Drug Plan and Extended Benefits Branch
Saskatchewan Health
3475 Albert Street
Regina SK S4S 6X6